AUSTRALIAN DENTAL ASSOCIATION VICTORIAN BRANCH INC.

BRANCH POLICY STATEMENT 1.02

STRATEGIC FRAMEWORK

1. INTRODUCTION

The ADAVB will endeavor to employ good governance principles designed to ensure effective strategic and operational planning.

2. PURPOSES

- The purpose of this document is to articulate the strategic framework for the ADAVB.

3. DEFINITIONS

"Governance" is a broad-ranging term which, amongst other things, encompasses the rules, relationships, policies, systems and processes whereby authority within the ADAVB is exercised and maintained.

"Strategy" is the overall scope and direction of the Branch and the way in which its various business operations work together to achieve particular goals.

4. POLICY

Director and Management Roles

The Branch recognises the following advice from the Australian Institute of Company Directors regarding the roles of directors and management in developing and implementing our governance framework:
- "Directors set the strategic direction and vision, while management devises the strategic plan and implements it."
- "Directors are generally held to be responsible for setting the appetite for risk while management ensure risks are managed."
- "Directors set the 'tone at the top' by acting ethically, modelling the correct values and requiring management to demonstrate appropriate values, while management develops and adheres to codes of conduct" (and policies)."

The key roles of Council acting as the governing body are to **monitor** performance and conformance, **evaluate** proposals, and **direct** plans and policies arising from the organisation's strategic plan.

In setting directions, Council takes account of budget, capability, the needs of the membership and other requirements.
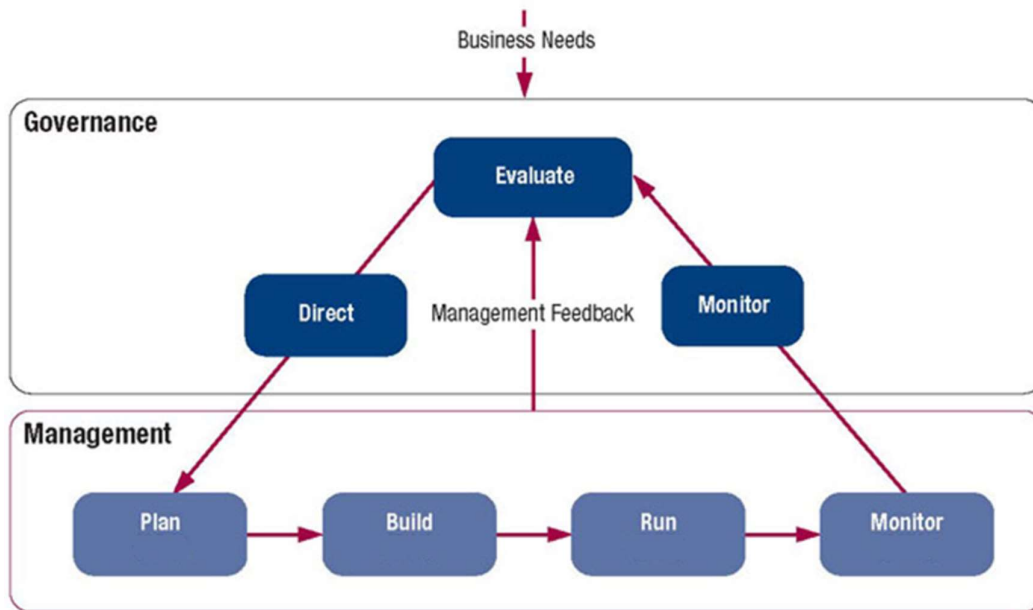
The following activities sit within the annual planning cycle for the Branch.

Strategic direction

The organisation's business needs are identified, with both operational requirements and strategic developmental activities feeding into the process. Environmental scanning, risk assessment and consultation with affected staff, also contribute to directions being set for projects and activities.

Liaison with the ADA Inc. and other ADA Branches forms part of the process of strategic planning as we also seek maximal alignment between Federal and State strategic objectives – acknowledging however that there will continue to be Branch specific objectives which are not shared with the ADA Inc.

The ADAVB Strategy is drafted by Management within a Council approved structure. This is also reflected in the design of the Council agenda. See chart on p.5. The goal areas under which the plan is currently constructed are:
- Governance and Administration
- Oral Health
- Professional Development
- Recognition Affiliation and Representation
- Practice safety and quality
- Workforce Education and Training

In addition to annual review in the period August – November, each of these goal areas is also reviewed in turn at Council meetings over the course of the year, with relevant committee chairs and managers invited to attend the Council meeting to speak to progress on the achievement of targets and to advise on emerging issues that may warrant updating of goals and targets.

Budget approval

Approval of expenses (maintenance and developmental projects) and capital spending occurs in the context of the strategy as updated from time to time. Annual expense and capital budget approvals are supplemented by cost benefit analyses whenever projects or new initiatives are under consideration. Separation of maintenance from developmental projects is a key determinant of where decisions need to be taken – at management Council level.

Monitoring and Reporting

Accountability for achievement of agreed objectives and targets monitored, as required by FRAC and summarised in quarterly reporting to Council and in the Annual Report to regulators and the members. Budgetary monitoring FRAC meeting and via Quarterly Management Reports.

Evaluation and Feedback

Evaluation of the business value of activities and initiatives feeds into future strategic and service planning.
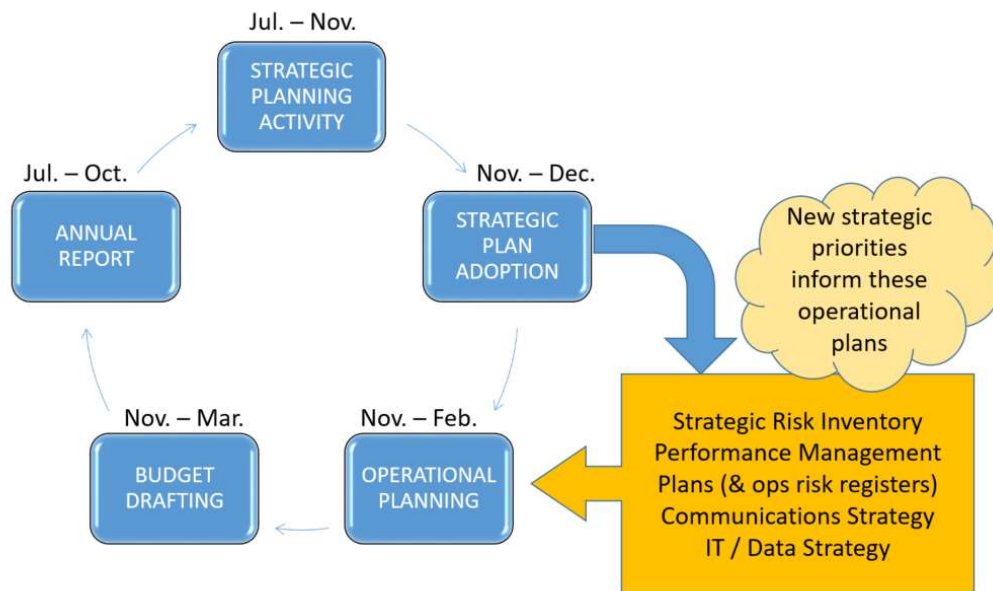
Strategic and Operational Risk

Council focuses on key strategic risks, limited to a maximum of 20 risk exposures arising from the current strategic plan, while management addresses operational risk via separate risk inventories in each functional area of Branch activity. Unit managers and the CEO review and update operational risk registers annually as part of the performance management process, with managers conducting checks of risk controls in their areas of responsibility at least annually. See also Risk Management Procedures **attached**.

Council adoption of new strategic priorities in Nov.- Dec. each year informs the development of updated risk inventories and registers, staff performance management and professional development plans, communications strategies and IT / Data strategies required to support our Corporate Strategy and operational requirements. The Budget Estimates are also prepared in the light of the new Strategy.

Strategy	Budget	Risk Management	IT / Data	Communications	Human Resources
Governance & Administration	Annual budget (per business unit & overall) approved in March in light of Strategy approved in December. Later variations approved as new proposals are filtered through risk analysis and adopted	Risks of action or inaction considered for each proposal, and inventory updated as new proposals and strategic goals are adopted	IT system and process requirements updated as new proposals are adopted and tech. developments occur	Key messages, audiences and vehicles updated as Strategy is amended and new developments arise	HR needs reassessed as strategy amended & new proposals considered (current, temp or new staff required?). Annual performance targets aligned with strategic priorities.
Oral Health					
Dental Workforce & Education					
Professional Development					
Practice Safety & Quality					
Representation, Affiliation & Recognition					
Other operations					

The planning cycle used by the Branch is summarised in the schematic below.

What relationships does our organisation have and how important are these?

It's important that we recognise relationships we have established with other parties that are necessary for us to operate. In particular, we acknowledge the following:
- Members
- Staff
- Volunteers
- The ADA Inc and other State Branches
- Service providers and contractors
- Sponsors and donors
- Regulatory agencies

- ADAVB Groups and affiliated bodies
- Other dental organisations
- Other professional and health promotion bodies
- Other stakeholders, such as health promotion and not-for-profit organisations
- non-members
- Government health departments Insurance providers
- AHPRA and DBA

External trends

In defining our strategic context, we also consider external trends. Some of these are outlined below.

- **Social changes:** Research reports suggest there is an increasing preference for health professionals to seek services and information from a range of providers, and to look upon traditional associations as less relevant to their needs.

Branch Policy Statement Number	1.02
Adopted by Council	24 July 2017
Reviewed by Constitution & Policy Committee	**20 July 2017** **19 August 2021** **18 August 2022** **15 February 2024**
Amended by Council	7 December 2020
Relevant Rules	
Relevant By-Laws	
See also	BPS 01.04