

Strategic Plan (template and approval)

Plan / template | GOV-PLN-001

Document type	Plan / template
Title	Strategic Plan (template and approval)
Document ID	{{facility.code}}-GOV-PLN-001
Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2A, criterion 2A.2 (non-negotiable)
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Write the mission, values and the code of conduct as one plan.
2. Set the goals for the next 3 to 5 years, each with a measure.
3. Link the budget to each goal.
4. Approve the plan and tell all staff.
5. Review the plan every year against the budget and the measures.

Stop and get help straight away if: the plan has no link to the budget, no measures, or staff have not been told about it.

1. Purpose

To set out what {{facility.legal_name}} is for, what it values, how staff are expected to behave, and where resources will go over the coming years [EC].

2. Scope

Applies to	The governing body, chief executive, senior managers and all staff who plan or use resources
Locations	The whole facility
When	Written every 3 to 5 years; reviewed yearly
Does not apply to	Operational plans for individual wards, which must match this plan

3. Definitions and abbreviations

Term	Meaning in this SOP
Mission	Why the facility exists, in one or two sentences
Values	The principles that guide decisions and behaviour

Term	Meaning in this SOP
Goal	A result the facility will achieve, with a measure and a date

4. Background and rationale

A plan that is not linked to money and staff time is a poster. A plan that does not state how staff should behave gives no standard to hold people to. Criterion 2A.2 requires both, and the link between them.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Governing body	Approves the plan; reviews progress each year	Governance training
Chief executive	Writes or leads the plan; links it to the budget; reports on progress	Executive leadership
Financial director	Prepares the budget linked to each goal	Financial planning
All managers	Cascade the plan to their teams and report progress	Management training

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Plan template (this document)	Standard headings	Current version
Budget (linked to goals)	Each goal has a budget line	Matches the approved budget

7. Safety and infection prevention

- The plan must not promise services or staffing the facility cannot deliver safely.

8. Before you start

- Gather the current quality, safety and financial data.
- Consult staff, patients and the patient council (section 5).

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Write the mission and values.	- State the mission in one or two sentences, matched to the services provided (see GOV-POL-001 and the service declaration). - Choose three to five values and describe what each means in practice.	Values should change how people behave, otherwise they are words.
2	Write the code of conduct.	- Include the expected standards for honesty, respect, safety reporting, conflicts of interest, confidentiality and speaking up. - Link to the code of conduct policy (GOV-POL-002).	The code tells staff what the facility expects. It is the reference when behaviour falls short.
3	Set the goals and measures.	- Write three to six goals for the period. - For each goal, set one measure, a target and a date. - Consult staff and patients before final approval.	A goal without a measure cannot be checked.
4	Link the budget to the goals.	- Show how each goal is funded, with a budget line or staff time. - If a goal is unfunded, say so and state the decision the governing body must make.	Criterion 2A.2 is failed when the plan and the budget do not match.
5	Approve, publish and tell	The governing body approves the plan and records	A plan no one knows

Step	Action	How to do it	Key point
	staff.	the decision (GOV-FRM-003). - Give every member of staff a summary within 30 days, and explain the code of conduct at induction. - Publish the plan on the facility's website or notice board, as the transparency policy requires.	about does not change anything.
6	Review each year.	- Report progress on each goal to the governing body yearly. - Adjust the goals and the budget link where needed, and record the change.	The annual review keeps the plan current and shows that it guides decisions.

Decision points

- If a goal cannot be funded, the governing body decides whether to fund it, change it, or remove it, and records the reason.

10. Special situations

Situation	What to do
Mergers, new services or closures	Update the plan within 3 months of the decision (EC).

11. Problems and escalation

- If the budget and the plan diverge by more than an agreed amount, the financial director reports it to the governing body (EC).

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Plan approved and dated within the last 5 years	Yes	Yearly	Governance lead	Escalate to chief executive
Each goal has a measure, target and budget line	100%	Yearly	Financial director	Revise plan
Staff who know the plan and the code (sample)	80% (EC)	Yearly	HR lead	Briefing and re-check

13. Records

Record	Where it is kept	Kept for
Signed plan and approval minute	Governance file	{{facility.records_retention_years}} years
Annual progress report	Governance file	{{facility.records_retention_years}} years

14. Training and competence

- Managers are briefed on the plan and the code at appointment.
- All staff receive the summary and code at induction (EC).

15. Related documents

ID	Title	Relationship
GOV-POL-002	Code of Conduct for Staff	The code within the plan
GOV-POL-001	Governing Body Terms of Reference	Authority to approve
GOV-REG-001	Register of Governing Body Members	Approval records

ID	Title	Relationship
SOP-N03	Code of Conduct (catalogue)	Same content, catalogue entry

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2.
E-009	ASF Expert Committee consensus. Planning period and review cycle are EC decisions.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee