F.12 Succession Planning

1.0   INTRODUCTION/BACKGROUND

One way in which organisations ensure that they are able to provide sustainable quality services is through succession planning. Succession planning is the process of setting out the steps needed to ensure that positions within the organisation can be filled should the incumbent leave/be unavailable. Events that cause or contribute to a person no longer being available may be sudden and unexpected, or scheduled and expected – and wise succession planning will cater for both situations.

Succession planning is necessary for all positions within the organisation.

Succession planning strategies can range from multi-skilling or cross-skilling among peers through to identifying another member of staff with the potential to rise to a key position. Succession planning can also involve the development or resources to enable actively initiating training and development for staff acting in a position.

The primary objective with succession planning is to ensure that the quality and standard of service planning, delivery and provision is not compromised due to the temporary or permanent unavailability of a key person in the organisation.

2.0   SCOPE

The scope of this policy is to apply to Mercy Services staff and key volunteer positions.

3.0   POLICY STATEMENT

Mercy Services will engage in succession planning to ensure the least possible disruption to the organisation's effectiveness when a staff/volunteer is unavailable.

Mercy Services will ensure that valuable organisational and operational knowledge is kept through comprehensive and regular documentation and sharing of skills/experience between staff/volunteers.

Mercy Services recognises that the recruitment process is inevitably slow, and that the retirement or departure process may be any length from several years to immediate. Accordingly, Mercy Services will plan and establish processes to ensure replacement staff (from within or outside Mercy Services) are available to cover staffing gaps. Mercy Services endeavours to have staff ready to step into other positions in advance.

The foundations of Mercy Service's succession planning are:
- Mercy Services succession planning will comply with all legal requirements;
- clients have the right to continuity of care from competent staff;

- the principles of natural justice should be observed at all stages; and
- no staff member should be denied the ability to work on the basis of any elements of discrimination.

4.0   PROCEDURES

The Mercy Services succession planning process is conducted as part of the annual operation planning process for programs and individual staff review and development process.

4.0a   Annual operational plans

One part of the development of annual operational plans involves Managers/Director of Care assisting their staff to look at their position and the positions that report to them and:

1. identify individuals who could step into positions if needed;
2. identify ways of ensuring that all staff within the program are aware of, and have an opportunity to apply for, career development opportunities;
3. identify training that could be offered to staff to prepare them to step into other positions; and
4. identify resources such as equipment, documentation, processes and support that need to be in place to enable staff to act in another position.

The Chief Executive Officer (CEO) will have a discussion with Managers and the Director of Care in relation to their positions and the organisation-wide roles that they, or others, hold.

The CEO with inform the Board of Directors of Mercy Services of succession plans for the CEO position and that of other senior staff.

4.0b   Individual staff review and development process

As part of their annual performance review and development process with staff reporting to them each supervisor is to identify the key positions that require succession planning and ensure that there is a careful and considered plan to ensure the least possible disruption to services if key staff/volunteers were to leave or be unavailable.

4.1   Compliance

As a way of checking that this policy is being complied with the CEO will ensure:

a) annual operation plans are completed;
b) all staff review and development processes are completed; and
c) a report is tabled to the Board each year outlining succession plans.

4.2   Evaluation

The performance indicators for the evaluation of this policy are at least:

- 80% positive rating by staff to the satisfaction survey questions regarding:
- 80% positive rating by clients to the satisfaction survey questions regarding:

5.0   REFERENCES

1. Australian Standards	a) None identified
2. Legislation	a) Anti Discrimination Act, 1977(NSW) b) Industrial Relations Act, 1996 (NSW) c) Fair Work Act, 2009 (Cth) d) Work Health Safety Act, 2011 (NSW) e) Work Health Safety Regulations, 2011 (NSW)
3. Professional guidelines	a) None identified
4. Codes of Practice	a) None identified
5. Codes of Ethics	a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) The Nursing and Midwifery Board of Australia. Registration Requirements http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards e) Mercy Services Code of Conduct
6. Evidence	a) None identified
7. Mercy Services Values	a) Justice, Respect, Care, Unity, Service

6.0   OTHER RELATED POLICIES

A.01 Mission and Philosophy
A.02 Code of Conduct Policy
B.02 Delegations Policy
C.01 Management Roles and Responsibilities
C.03 Operational Planning
D.12 Anti-Fraud and Anti-Corruption
E.01 Service Guarantee
E.15 Privacy Policy
E.16 Protection and Vulnerable Adults from Abuse and Neglect
E.17 Protection of Children from Abuse and Neglect
F.01 Employment Conditions
F.03 Recruitment Policies
F.05 Performance Review and Development
F.06 Staff Grievances
F.07 Employee Records
F.11 Credentialing Policy
G.07 Anti-Aggression, Harassment and Bullying
G.12 Stress Management Policy
G.13 Post Traumatic Incident Policy

7.0   RELATIONSHIP WITH STANDARDS

Aged Care Accreditation Standards	Home Care Standards	Disability Standards	EQuIP Standards
1.1, 1.2, 1.3, 1.5,1.6, 2.1, 2.3, 3.1, 3.3, 4.1, 4.3	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.5	3.4, 6.1, 6.2, 6.3, 6.4, 6.6, 6.7	1.1.1, 1.1.2, 1.1.4, 2.1.2, 2.1.3, 2.2.2, 2.2.4, 3.2.1, 3.2.5

8.0   DOCUMENT CHANGES RECORD

Dates of change	Section altered	Natures of changes made
28/06/2010	Succession Planning	Document created
28/03/2011	7.0 Relationship to Standards	Updated Community Care Common Standards and EQuIP5 Standards
27/11/2012	All Sections	Organisation name updated
29/04/2016	a) All sections b) 2.0 Scope c) 3.0 Policy Statement d) 4.0 Procedures e) 4.1 Compliance and 4.2 Evaluation f) 5.0 References g) 6.0 Other related policies h) 7.0 Relationship to Standards	a) Replace GM with CEO b) Rewording – to make more specific c) Minor re-wording d) Minor re-wording and re-formatting e) New sections f) Update Legislation and Codes of Ethics g) Updated h) Update Disability and Aged Care
Review due 29/04/2019		