# Policy Guide and Checklist

This front page is to guide users in developing their Continuous Improvement Policy and Procedures. To help you complete these, you will find that:

* Basic instructions and choices between specific terms are indicated by yellow highlighting.
* Sections requiring detail are indicated by green highlighting.

For further guidance, the following resources are recommended:

* [Human Services Quality Framework Guide to Self-Assessment and Continuous Improvement – Self-Assessable Organisations (V 3.0)](https://www.dcssds.qld.gov.au/__data/assets/pdf_file/0021/3936/guide-self-assessment-organisation.pdf). While this guide has been developed for organisations on the self-assessment quality pathway, the review framework and guidance provide a useful introduction to continuous review and improvement processes for all organisations.

Before submitting this document for approval, check that you have completed the following:

Read the current[[1]](#footnote-2) HSQF Framework Version.

Read the current HSQF User guide – Certification or HSQF User Guide – Self-Assessable (as appropriate to your service agreement and organisation).

Checked the most recent HSQF Version Control Register and Log of Changes and included any relevant changes in your policy draft.

Included the document code/version number in accordance with your organisation’s version control procedure.

Replaced all reference to organisation with your organisation name.

Customised or deleted (as appropriate) all yellow highlighted sections.

Drafted content for or deleted (as appropriate) all green highlighted sections.

Customised the Relevant Legislation and Standards, Related Policies and Procedures and Supporting Documents lists.

Customised the supporting documents section (where relevant).

Updated the header and footer to reflect the document name, version and other relevant details for your organisation.

Added a review date.

Logged any changes to policies/procedures in your organisation’s Policies and Procedures Register.

Deleted all footnotes.

Removed QCOSS branding and replaced it with your organisation’s branding.

**Delete** this page once your Continuous Improvement Policy and Procedures has been approved and finalised.

Continuous Improvement  
Policy and Procedures

#### Document Code / Version Number

# Policy Statement

Organisation enacts principles of continuous improvement in all areas of our work. Our continuous improvement framework/continuous quality improvement plan includes provide overview here.

## Scope

This policy and associated procedures apply to Organisation as a whole, including all employees, volunteers, and governance body members.

# HSQF Related Standards

* Human Services Quality Standard Indicator 1.5

# Relevant Legislation and Standards

To customise/complete the table below:

* Add any relevant documents to the **Common** row.
* Remove any service delivery rows that are irrelevant to your organisation.
* Add any relevant documents to the rows for each service type your organisation provides.
* Remove any documents listed as *if relevant* from rows you keep if they are **not** relevant to your service.
* Check for updates to guidelines, models, etc., and update links as appropriate.

|  |  |
| --- | --- |
| **Common** | List guiding documents, standards or legislation relevant to continuous improvement across your organisation |
| Delete row if not required  **Domestic and Family Violence**  *Service Stream:* Women’s Safety and Violence Prevention Services  Department: DJAG | Queensland Government [Domestic and Family Violence Services Regulatory Framework](https://www.publications.qld.gov.au/dataset/16d7913c-96d6-42bd-aed2-f31f24315407/resource/692b099f-a1e3-4a9d-aa30-d1ebdedae510/download/dfv-services-regulatory-framework.pdf)[[2]](#footnote-3) |
| Delete row if not required  **Sexual Violence and Women’s Support**  *Service Stream:* Women’s Safety and Violence Prevention Services  Department: DJAG | National Association of Services Against Sexual Violence [Standards of Practice Manual for Services Against Sexual Violence (3rd ed)](https://static1.squarespace.com/static/5fa0db2b7ce66d7cda3bbe00/t/613583e1573d0042b238fd9b/1630897132183/Standards+of+Practice+Manual+for+Services+Against+Sexual+Violence+3rd+Edition.PDF) (standard 7.1) |

# Definitions

Add/adapt as appropriate.

**Continuous improvement:** A process of regularly reviewing all areas of organisational processes and functioning, identifying areas for improvement, implementing strategies for improvement, and reviewing the effects of implementation.

**Continuous improvement plan:** A structured framework for the continuous improvement process, including effective self-assessment; involvement of all relevant parties; effective action planning; allocation of responsibilities; documentation of reviews, actions and outcomes; and monitoring and evaluation.

**Self-assessment:** The first stages of the continuous improvement process (reviewing processes/functioning and identifying issues and areas for improvement).

Add definitions relevant to your organisation’s continuous improvement approach.

# Principles

Add/adapt as appropriate.

The principles that support organisation’s Continuous Improvement Policy and Procedures, and associated practices, are:

* **Continuous improvement cycle:** Continuous improvement processes are cyclical; the outcome of one process becomes the starting point for a further cycle through the process. You may like to include a particular model, such as the Plan-Do-Check-Act model.
* **Participation:** Involvementof people accessing/using the service in quality improvement.
* **Quality:** Providing services and/or resources that meet relevant standards and expectations, including being safe and effective for the people our organisation serves.

# Procedures

## Self-Assessment

### Organisation’s self-assessment processes are routinely undertaken by management/senior staff and governance body members, who bear overall responsibility for continuous improvement, while all staff, including volunteers, as well as clients and relevant community members are actively engaged where appropriate and their input is used to inform further stages of the continuous improvement process.

### Monitoring (Observation and Review)

Regular internal monitoring activities include:

Outline how you embed regular discussions to facilitate the identification of potential issues/areas for improvement. E.g. Discussing issues and continuous improvement in individual line management and in team, staff and governance body meetings, supported by its listing as a standing agenda item.

Outline the processes you use to review regular work activities and identify areas for improvement (e.g., observing work tasks and activities, reviewing guiding documents, monitoring performance and outcomes, self-audits, external audits).

Describe your process for risk, hazard and incident identification or refer to the relevant policy and procedures document(s).

Describe how you ensure regular reviews of all complaints or refer to the relevant policy and procedure.

### Facilitating Participation and Input

Describe how you facilitate the input of client/family/consumer/service user feedback. (E.g. Providing for multiple methods of client feedback, both in the regular course of work with each client and through regular surveys and information about ongoing availability of feedback mechanisms, and regularly reviewing this feedback.)

Describe how you facilitate the input of staff (including volunteers), with specific reference to induction and supervision practices, complaints processes, methods for identifying areas of individual and team/staff practice improvement, etc.

Describe how your organisation seeks the input of other relevant people (community stakeholders, industry bodies and/or experts, funders, auditors, etc.) to support identification of standards and good practice guidance that your organisation should implement/address. Provide details of the varied methods used (e.g., community activities and feedback processes, meetings, consultations, contracting relevant expert/professional services, etc.).

If not addressed above, outline processes for identifying issues in each of the following areas:

* + Service delivery, including
    - alignment with good practice principles and standards;
    - compliance with policies and procedures;
    - identification and remedial action in relation to issues, including timeframes in which issues are addressed; and
    - need for further staff support, learning and development, or other guidance
  + Organisational management or management processes and outcomes, including
    - where management practices/processes do not meet relevant standards/expectations;
    - compliance with policies and procedures;
    - areas of inefficiency or ineffectiveness (e.g., processes that create barriers to effective operations, meetings that are not achieving their purposes); and
    - the time taken to address issues once identified.
  + Organisational governance or governance body’s processes and performance, including
    - effectiveness of governance body meetings and communications;
    - governance body’s knowledge of their responsibilities and abilities to meet them (link to Governance Policy and Procedures/other relevant document/s);
    - areas where governance body’s responsibilities/purposes are not being met; and
    - weaknesses in oversight or strategic direction.

## Improvements and Evaluation

### Developing Improvement Plans

When issues are identified, we make improvements using a considered and collaborative process to encourage effective decision-making, including:

Outline how you engage stakeholders in generating ideas for improvement.

Describe the key processes and roles with responsibilities for deciding how improvements are to be made. You may need to specify different roles for issues of different levels of seriousness or areas of organisational concern (e.g., a team’s actions to improve the effectiveness of their meetings may be determined by them and their line manager, while an improvement to inadequate financial or governance body operations requires upper management and governance body inputs).

* + Refer to the use of improvement planning processes (e.g., Plan-Do-Check-Act), risk management hierarchies or other tools to guide decision-making in relevant areas.
* Identify when and how external sources/experts may be engaged in determining appropriate actions.
* Outline how improvement plans are communicated to all relevant internal and external stakeholders.

### Implementing and Monitoring Outcomes

Describe how responsibility for actions is determined and communicated.

Outline accountability checks and consequences where identified actions are not undertaken in a timely manner.

Outline monitoring and evaluation processes, e.g.,

* + repetition of self-assessment activities followed by critical evaluation;
  + internal reporting (e.g., from worker to line manager/internal supervisor, management to staff/teams, staff to governance body);
  + external reporting where appropriate (e.g., to funder or regulator, auditor, contracted consultant/external expert); and
  + any tools you regularly/routinely use in monitoring/evaluation.

## Documentation and Review

### Recording Issues and Actions

Continuous improvements are recorded in the Continuous/Quality Improvement Plan/Register.

Outline your process for recording issues/areas for improvement. E.g. When an issue or area for improvement is identified, the person or people responsible for the relevant work area must start an entry in the Continuous Improvement Plan/Register and record:

The date the issue/area for improvement was identified.

A brief description of the issue/area for improvement.

Any relevant standards or principles.

If corrective action(s) has(have) not been identified, the date by which a determination about such action(s) must be made and the person/people responsible for this.

Describe how follow-up actions are identified and recorded. E.g. When an improvement plan has been made, the person/people responsible must record:

The action(s) to be taken.

The person/people responsible for the action(s).

When the action(s) is(are) to be completed.

When a relevant action has been completed, the person/people responsible must:

* Record the date of completion and any outcomes of the action.
* Inform the relevant manager or the governance body, who must review the entry and actions taken and,
  + if the action(s) is(are) considered adequate, authorise the entry and set an appropriate date for a review of the issue, action(s) and outcome(s), or
  + if the action(s) is(are) determined to be inadequate, update the register and notify the responsible person/people of the need for further action.

The Continuous/Quality Improvement Plan/Register is maintained by the identify the relevant role. Describe where the document is stored and how it is both protected and maintained as a current and live record of issues and actions.

### Review and Governance

Describe how your organisation manages the monitoring/review of identified issues and actions. E.g. The Continuous/Quality Improvement Plan/Register is reviewed by identify relevant role (e.g., CEO, general manager) identify frequency (e.g., monthly) and by the governance body identify frequency. The CEO/General Manager and governance body members are responsible for monitoring the outcomes and adequacy of the actions taken, and that effective reviews are undertaken in the timeframes set out in the Continuous/Quality Improvement Plan/Register.

# Related Policies and Procedures

List all relevant/related policies and procedures, including any that discuss particular relevant responsibilities and all those referred to in the body of this document.

# Supporting Documents

List all relevant/related documents that are not policies and procedures, including registers, agreements, and guidelines and all supporting documents referred to in the body of this document.

Continuous/Quality Improvement Plan/Register (make this a hyperlink to the live register/log you use)

# Review

This document was last reviewed on date.

This document will be reviewed by date.

1. At time of writing, the current Quality Framework is V9.0. For the latest version of the Quality Framework and associated User Guides, contact Department of Child Safety, Seniors and Disability Services 1800 034 022, [hsqf@qld.gov.au](mailto:hsqf@qld.gov.au) or [www.dcssds.qld.gov.au/our-work/human-services-quality-framework](http://www.dcssds.qld.gov.au/our-work/human-services-quality-framework). [↑](#footnote-ref-2)
2. Definition of continuous improvement requires input of people who use the service, see p. 10. [↑](#footnote-ref-3)