**Document Purpose**

# The Continuous Improvement Register supports the continuous improvement cycle, by logging identified issues/areas for improvement and identifying actions, responsibilities and timelines for addressing them. It works in accordance with the Continuous Improvement Policy and Procedures. It includes a column for identifying the HSQF standards to which the issue/area for improvement relates.

The Register is a **live document**, intended to be used in real time as issues are identified and actions taken. It is central to the review and monitoring of issues and improvements. As such, it must be accurate and up-to-date, regularly reviewed by managers and your governance body, and integrated into your overall continuous improvement process.

**Policy Guide and Checklist**

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

Developed, reviewed or updated a policy and procedures for continuous improvement, including guidance on responsibilities for maintaining, adding to and reviewing the Register.

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

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

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

Contextualised the **Instructions for Use** to guide your staff and governance body members in meeting their responsibilities.

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

**Delete** this page once your Continuous Improvement Register template has been approved and finalised.

Continuous Improvement Register

| **Date** | **HSQF indicator** | **Issue or area for improvement** | **Action to be taken** | **Responsibility** | **Due** | **Authorised by** | **Review due** | **Outcome Review** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Date issue identified* | *E.g. 5.1* | *Description of issue, problem, risk, quality improvement need, etc* | *All actions to be taken to address identified issue/area of improvement* | *Title of person responsible for action* | *Date action due* | *Title of authorising person* | *Date of review* | *Summary of outcomes upon review by authorising person* |
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**Instructions for Use**

All issues and areas for improvement identified by staff, including managers and volunteers, of Organisation are logged in the Register by the staff member who identified them, in consultation with their manager. Remedial/quality improvement actions are identified in accordance with Organisation’s Continuous Improvement Policy and Procedures, in consultation with appropriate stakeholders and with governance body approval (where required).

### Logging an issue or area for improvement

* The staff member who identifies an issue or area for improvement is responsible for logging this in the Continuous Improvement Register or outline your process for the internal reporting and logging of issues.
* The staff member and/or their line manager summarises the issue (**Issue or area for improvement** column) and, where relevant, identifies the related HSQF standard(s) and indicator(s) (**HSQF indicators**).
* Line managers are responsible for ensuring staff following the appropriate process and making provisions for follow-up/monitoring/review.
* Line managers are responsible for any additional internal reporting required.

### Remedial actions

* Actions to address the issue/area are determined through Organisation’s internal process (see Continuous Improvement Policy and Procedures > Improvements and Evaluation > Developing Improvement Plans).
* Actions are summarised in the Register (**Action to be taken**). There may be multiple actions listed for a single issue/area for improvement.
* At least one person responsible for each remedial action must be identified, preferably by both name and title, but at minimum by their role title (**Responsibility**). Where multiple people are responsible for one action, lead or most senior of them should be identified.
* The date for completion of each action is set out (**Due**).
* The Register entry is reviewed by an appropriate person or group (e.g., Service Manager, CEO, governance body/management committee) and, when approved, noted (**Authorised by**).
* A date for review is set (**Review due**)

### Monitoring and evaluation

At or before the review date, an appropriate person or group (usually the authorising party) must:

* Review the entry.
* Confirm whether remedial actions have been taken.
* Note outcomes from actions.
* Start a new entry in the Register if further improvements are warranted or actions have not been completed.
* Provide their name and title if they are not the authorising party.