**GUIDE TO CONTINUOUS IMPROVEMENT POLICY TEMPLATE**

**ABOUT THIS POLICY AREA**

A Continuous Improvement Policy guides how we constantly assess our organization and our services to ensure that we are providing the best possible quality of services to our clients and the most efficient and accountable management practices.

Services are provided in a constantly changing environment and we also need to ensure that our organisation maintains necessary compliance with these changes.

We also need to manage risks to our organisation, services, clients and staff. While this is often covered in a separate policy, acting to address identified risks also forms part of the Continuous Improvement process.

**Policy checklist**

The following checklist will help you check that an existing policy covers this area adequately.

The policy should:

* say how the organisation will gather information and ideas about how well current systems and practices are working, and ideas for improvement
* say how this information is recorded and who is responsible
* say how the organisation determines what improvements are necessary, and how they will be implemented
* say how improvement actions taken are reviewed for effectiveness and any unintended consequences
* say when and how reporting to management on improvement actions will occur
* contain clear procedures and actions
* indicate the timing of any actions
* show when it was approved
* show when it was last reviewed.

**COMPLETING YOUR CONTINUOUS IMPROVEMENT POLICY**

**Using the policy template**

The template provides some example statements. You can adapt these statements and include them in your policy or write your own statements to better suit the operations and services of your organisation.

The policy templates include **red text** prompts to insert information that is specific to your organisation.

**Guidelines for each section of your policy**

***1. Purpose***

When identifying the purpose of the policy, consider how it might apply to your particular services and your organisation’s service agreement. Do you need to make specific statements to ensure you are inclusive of particular groups, such as Aboriginal and Torres Strait Islander peoples, Australian South Sea Islanders, people from culturally and linguistically diverse backgrounds and people with a disability?

***2. Scope***

To determine the scope of the policy, consider the following questions:

• Does this policy apply to all your organisation’s services and activities or just to those related to the service agreement? Generally, continuous improvement applies to all aspects of an organisation.

• If you are including aspects of organisational performance other than those related to service delivery and service goals, what are these, and will different procedures apply to them?

***3. Policy statement***

If you are adopting the policy statement in the template, consider whether there are any additional commitments your organisation wants to make.

In identifying the actions your organisation will take to implement this policy, you should include the following:

* Regularly collect information, through various information sources, about things that are working well, things that are not working well, or have gone wrong, ideas for better processes, and changes in requirements or practice knowledge external to the service
* Record issues and ideas in the *Continuous Improvement Plan*
* Determine if an issue represents a risk, and record on the *Risk Management Plan*.
* Determine, in consultation with those affected, necessary actions to address or implement changes
* Implementing the changes, as agreed and documented
* Advising all relevant stakeholders of any changes made
* Monitoring progress and review whether changes have had the intended positive outcomes; whether there are any unintended negative impacts of changes and any further changes required to address this.
* Reporting regularly to the Management Committee on the *Continuous Improvement Plan* and progress.
* You may wish to include a diagram which summarises your Continuous Improvement Process and responsibilities, similar to the one that follows:

***Continuous Improvement Information Management Process***

**Management Committee**

Overall responsibility for ensuring the service continuously improves

**Coordinator**

Monitors, on behalf of the Board, the continuous improvement process and ensures that information is being collected, reviewed for improvement opportunities and that improvements are implemented and evaluated. Also reports to the Management Committee on the continuous improvement process, activities and outcomes and ensures that the Improvement Plan is maintained up to date

**Improvement Plan**

All major improvements are recorded on the Improvement Plan. The Plan is forwarded to the Board of Management every 12 months or as required to demonstrate ongoing continuous improvement processes

**Coordinator/Team Leaders/Other Staff**

Review forms and other information sources for immediate action which may be required and review forms for improvements at regular staff meetings and agree on actions to be taken and responsibility. Coordinator also closes off on forms not requiring longer term action. Review improvements made for effectiveness and any unintended consequences.

**Information Sources**

Feedback /suggestions (forms or verbal) from Service Users, Staff and Other Stakeholders

Strategic Planning & other Forums

WH&S:

Staff Accident Incident Reports

Adverse Event Reports

Service User Complaint Form

Informal Service User Feedback

Hazard Reports

Maintenance Requests

Safety Audits

Surveys

Staff/Board Meetings

Policies and Procedures Reviews

Internal

Audits

Risk Management Processes

Regulatory Compliance Processes

Quality Reviews

***4. Procedures***

The procedures describe how your organisation achieves the aims and goals you have outlined in your purpose, scope and policy statement.

*4.1 Continuous Improvement Plan*

Describe how and where the Continuous Improvement Plan is documented, and whose responsibility it is to enter and update information.

What information is included in the Plan? Consider including the following:

* *Date identified:* date the issue or idea was identified
* *Agreed action/s to respond to the idea or issue*
* *Who will be responsible for taking action/s*
* *Date action/s are to be completed*
* *Date to review actions and any outcomes or unintended impacts; further actions required*

*4.2 Identifying Improvements Needed*

Describe in broad terms the range of information relating to improvements needed and how it will be collected. This may include:

* Staff and volunteers may often receive feedback (formal and informal) or complaints from clients in the first instance. These processes are detailed in the **Insert name of your complaints policy*.***
* Staff and volunteers are also responsible for completing *Incident Report Forms* as required in the WH&S policies.
* WH&S officers and the Coordinator are responsible for workplace safety audits as required in the WH&S policies.
* Surveying clients from time to time, and audits of operational aspects of the organization.
* The Coordinator and other staff may collect feedback and other information from networking with other agencies.
* Collecting information from other sources, such as regulatory requirements, and external audits and compliance processes, is the responsibility of the Coordinator.
* Management Committee members may also access information and feedback which indicates needed improvements.
* Discussions at staff meetings may also identify improvements, including discussions of risks they have identified.

*4.3 Implementing Improvements*

Describe the kinds of actions improvements may include, such as:

* + Staff training
  + Provision of information
  + Changes in procedures or practices
  + Further consultation or formation of a working group to explore the issue and possible responses. Outcomes would be reported back to future staff meetings.
  + Seeking external services or advice
  + Acquiring or replacing equipment or software, etc.

Identify broadly how you will respond to different issues in terms of urgency and importance, for example:

* Some complaints and feedback instances may require an immediate response. These are generally referred to the Coordinator, who will determine the actions required.
* Some improvements may be minor, and implemented within a particular work team. Such instances are discussed at team meetings and required actions agreed upon. This may be confirmed during supervision between the team leader and the Coordinator.
* All improvement actions should be reported to the Coordinator to enable updating of the Continuous Improvement Plan.
* Major issues or changes may be referred to the Management Committee for a decision, such as when there is a significant cost, risk or impact to the organization.
* Strategic Planning processes may also identify issues and actions required. Other improvements may be identified consistent with the future aspirations of the organisation (eg: building specialist skills, expansion of services, developing partnerships)

Identify other actions which form part of the continuous improvement process, such as:

* Any improvements already implemented are also discussed to determine effectiveness, unintended impacts and any further actions required.
* Actions will need to include the necessary advice to those affected by any improvements, and how this will occur.

*4.4 Recording and Reporting on Improvements*

Detail how information is entered on the Continuous Improvement Plan and who is responsible. Describe how information is tracked to ensure actions are taken and recorded.

Provide details of any reporting on actions taken and the outcomes. Consider including:

* All identified issues and improvements planned and implemented are recorded in the *Continuous Improvement Plan* as well as in the *Risk Management Plan/Register* (where relevant) to ensure that they are implemented, monitored and evaluated.
* Information source documents, such as complaint or feedback forms, will be annotated to show that they have been included in the *Continuous Improvement Plan*.
* The Plan is regularly reviewed at staff meetings to monitor progress in implementing improvements and the effectiveness of improvements.
* The Coordinator will report annually to the Management Committee on the *Continuous Improvement Plan* and progress. Major and urgent improvement issues will be reported for Committee information or decision as required.

***5. Other related policies and documents***

List the other policies related to the Continuous Improvement policy. The policy should be linked to the following policies:

* Risk Management
* Work Health and Safety
* Service User feedback and complaints
* Staff complaints and dispute resolution
* Performance monitoring and reporting

Other documents:

* Continuous Improvement Plan
* Risk Management Plan
* Any complaint or feedback forms or registers
* WH&S Incident forms

***6. Review processes***

Consider how often the policy should be reviewed and the process for doing this:

• **frequency of review:** Most policies benefit from an annual review. The experience of implementing the policy is used to decide which changes are necessary. Consider reviewing your continuous improvement policy as part of an annual review of your organisation’s governance-related policies or, if your organisation is small, perhaps over a three-year period. Critical incidents may prompt you to review the policy ahead of schedule.

• **responsibility for the review:** In most organisations, the board or management committee would be responsible for reviewing this policy in conjunction with senior staff.

• **process for the review:** Decide which particular staff, volunteers, external people and organisations will provide input to the policy review,

• **decision-making process:** Who will review draft changes to the policy and approve changes? What will be the timeframe for the review process?

• **documentation and communication:** What records of the policy review process are needed? How will changes to the policy be communicated to staff implementing the policy? In a small organisation, this may be as simple as noting the changes at a staff meeting. In a larger organisation, an email memo may be needed.

• **key questions for the review:** Is the policy being implemented? Are procedures being followed? Is the policy clear? What has changed that may prompt a change to the policy Have particular stakeholders had difficulty with any aspect of the policy? Can their concerns be resolved? How does the policy compare with that of similar organisations