



Human Services Quality Framework

Guide to Self-Assessment and Continuous
Improvement – Self-Assessable Organisations

Version: 3.0



Queensland
Government

Table of Contents

Introduction	3
Self-Assessment and Continuous Improvement	4
Part A - Self-Assessment	5
1. About self-assessment	5
2. Types of evidence – people, process, paper	6
3. How evidence and findings are rated against the standards	8
4. Recording the results of your self-assessment	10
5. Self-assessment and continuous improvement	10
6. Submitting your self-assessment	10
Part B – Continuous Improvement	11
1. About continuous improvement	11
2. The continuous improvement plan	12
3. Submitting your continuous improvement plan	13
Further information and support	14
Appendix 1 – Examples of how to complete the self-assessment workbook	15
Appendix 2 – Example Continuous Improvement Plan	18
Appendix 3 – Timeframes for critical safeguards	20

Introduction

The Human Services Quality Framework (the HSQF) is a system for assessing and improving the quality of human services.

The HSQF incorporates:

- a set of quality standards, known as the Human Services Quality Standards (the standards), which cover the core elements of human service delivery
- an assessment process to measure the performance of service providers against the standards (through independent third-party certification, self-assessment or recognition of accreditation under another approved quality system)
- a continuous improvement framework, which supports the participation of people who use services in quality improvement.

Resources

To assist organisations required to demonstrate compliance with the HSQF through a **self-assessment** against the standards, the HSQF has developed the following resources:

- *Guide to Self-Assessment and Continuous Improvement – Self-Assessable Organisations*
- *Self-Assessment Workbook*
- *Continuous Improvement Plan*

These resources **should be used in conjunction** with the:

- *Human Services Quality Standards*
- *Human Service Quality Framework User Guide – Self-Assessable Organisations* – this includes mandatory requirements that are common to all organisations and must be evidenced as part of meeting a standard/indicator, additional mandatory requirements specific to individual funding streams or services and suggestions of how an indicator may be demonstrated
- *Key Milestones for Organisations Completing a HSQF Self-Assessment (only)*.

The Self-Assessment Workbook and Continuous Improvement Plan tools are available in two formats, Microsoft Office Word and Excel on the HSQF website at: www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework

HSQF recognises that some organisations may use other tools such as online platforms to complete self-assessments as part of other business/industry requirements. In these cases, the HSQF will consider accepting a completed self-assessment against the standards in an approved alternative format such the Standards and Performance Pathways BNG NGO Services Online. For further information, please contact the HSQF team on 1800 034 022 or hsqf@dsdsatsip.qld.gov.au.

More information about steps and practical tips can be found in the *HSQF Quality Pathway Kit for Service Providers* available on the HSQF website at: www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework

Self-Assessment and Continuous Improvement

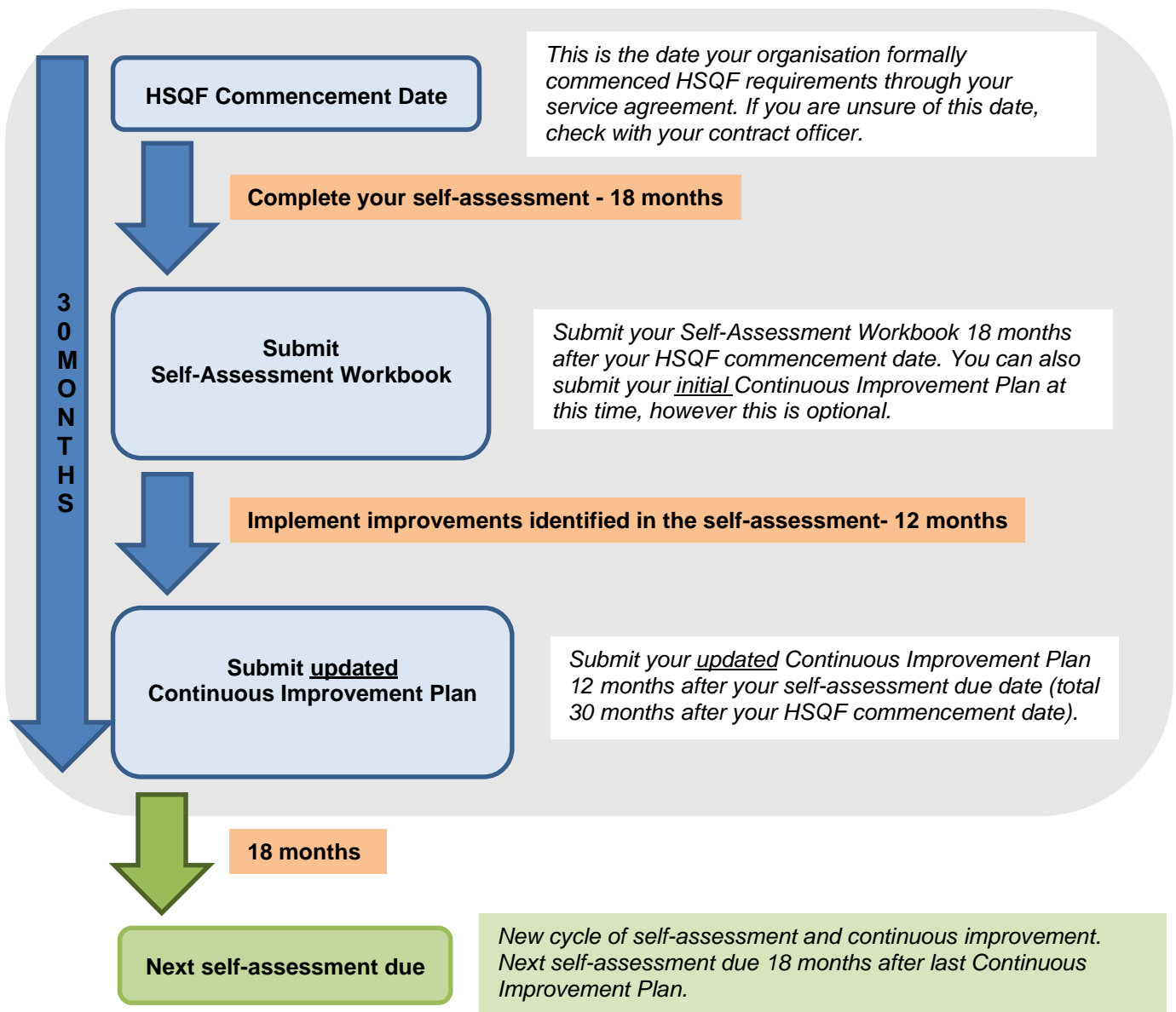
Self-assessment and continuous improvement are connected processes designed to assist organisations to review their performance against the Human Services Quality Standards (the standards) and make continual improvements over time.

This guide provides information in two parts:

- Part A provides information about self-assessment
- Part B provides information about continuous improvement.

The key steps and timeframes¹ for self-assessment and continuous improvement activities and submission of key documents to your contract officer is set out in Diagram 1 below.

Diagram 1: Self-assessment and continuous improvement cycle and timeframes



¹ Note that timeframes may differ for organisations in certain circumstances. Check timeframe requirements with your contract officer.

It is recommended that you start your self-assessment early. To help you with planning and preparation, the key milestones and timeframes you should aim for are outlined in the *Key Milestones for Organisations Completing a HSQF Self-Assessment (only)*, which is available on the HSQF website at: www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework

Part A - Self-Assessment

1. About self-assessment

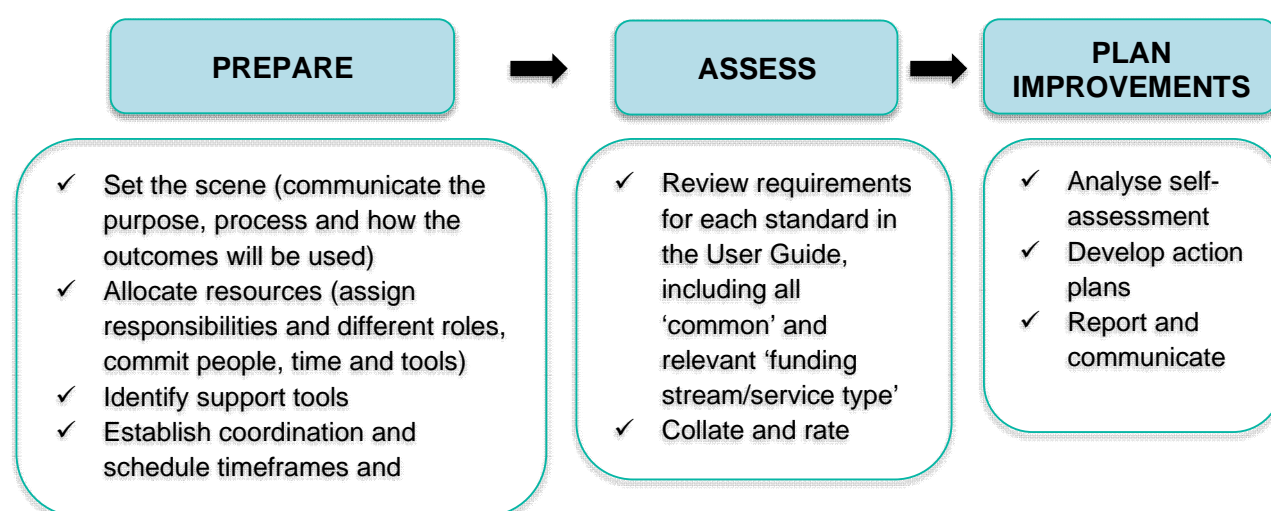
Self-assessment provides an opportunity to review your organisation’s performance against the standards and to identify which processes are working well and which may need further development or improvement.

The success of the self-assessment process relies on your organisation being open to an honest appraisal of its ability to show that it is meeting the standards. There are no right or wrong answers and it is not about finding fault or blame. Self-assessment is a reflective process, looking at what is already in place, what improvements need to be made and sharing this information with staff, people who access your services and stakeholders.

Self-assessment is a first look at the quality of service delivery in your organisation. It is not a process that needs to be completed every year, but the results should lead to an improvement process that may span up to 1–2 years. The self-assessment process provides an excellent opportunity to increase your organisation’s understanding of its systems and processes and to involve people across the organisation in effective service delivery. Most importantly, self-assessment encourages innovation and is an opportunity to improve service delivery and outcomes.

Self-assessment requires planning and preparation to ensure the process has direction, leadership and resources and that people involved understand why it is being done and what is to be achieved. Diagram 2 outlines the key steps in the self-assessment process. While these generally flow from one to the next, there may be times when it is necessary to return to a previous step or action to reconsider or repeat findings or activities.

Diagram 2: Key steps in self-assessment



The [HSQF User Guide – Self-Assessable Organisations](#) is the key document you need to conduct your self-assessment as it outlines the mandatory requirements that all organisations must meet (common) and the mandatory requirements for particular service streams, services or agreement types (service specific). In the *HSQF User Guide – Self-Assessable Organisations*, common and service specific requirements are easily identified through coloured cells, as shown in Diagram 3 below. Note other service specific requirements are listed in the *HSQF User Guide – Self-Assessable Organisations*².

Diagram 3: Extract of requirements in User Guide

Symbol	Mandatory requirements
Common	Applies all services – all funding/service streams and all types of service agreements.
Child Protection Support Services	Applies to services funded under the Child Protection Support Services Investment Specification.
Families	Applies to services funded under the Families Investment Specification.
Domestic & Family Violence	Applies to services funded under the Domestic and Family Violence Investment Specification.
Sexual Violence & Women’s Support	Applies to services funded under the Sexual Violence and Women’s Support Investment Specification.
Individuals	Applies to services funded under the Individuals Investment Specification.
Young People	Applies to services funded under the Young People Investment Specification.
Disability Services	Applies to disability services funded by or delivered directly by DSDSATSIP.

2. Types of evidence – people, process, paper

Evidence can be gathered from various sources to show that your organisation is meeting each standard and its performance indicators. You should assess whether the evidence collected meets the intent of all common and relevant funding stream/service type requirements outlined in the **HSQF User Guide - Self-Assessable Organisations**.

The strongest evidence is that which can be verified through interview, observation and documentation – ‘people, process and paper’. You should look for examples of evidence from each of these sources for every standard indicator. There is no set rule about the amount of evidence that should be recorded.

Record your findings and to identify gaps or areas that need improvement in your self-assessment workbook. Use either the Word or Excel format **Self-Assessment Workbook – Self-Assessable Organisations**.

Below are some examples of the types of evidence available from the different sources:

People

² If you are unsure about the HSQF demonstration method for your funding, check the Human Services Quality Framework document on our website or talk with your contract officer.

- ✓ people using services are satisfied with the support they receive
- ✓ people using services participate in activities that are consistent with their individual support plan and their goals
- ✓ people using services are clear about what service they are receiving, who will be delivering it and how they can seek change or provide feedback (if required)
- ✓ staff are able to explain how policies and procedures for management of complaints and critical incidents apply to their role.

Process

- ✓ people using services are consulted in the development of individualised plans and these plans are regularly reviewed to ensure that goals are being met
- ✓ policies and procedures are regularly reviewed and approved by the relevant governance group
- ✓ regular meetings are held with appropriate personnel to ensure staff, people using services and visitors are aware of emergency evacuation procedures
- ✓ regular emergency evacuation drills are carried out and analysis of outcomes undertaken for continuous improvement
- ✓ scheduled maintenance of equipment has occurred and repairs/replacements have been carried out.

Paper

- ✓ governance documentation (such as Board or Management Committee reports)
- ✓ strategic, operational plans and policies and procedures
- ✓ information provided to people using services such as handbooks or ‘welcome packs’
- ✓ human resource information (both electronic and paper versions) such as personnel files, criminal history and working with children checks, training records, performance reviews and records of disciplinary action
- ✓ files of people using services (both electronic and paper versions) including individual case plans
- ✓ meeting minutes
- ✓ internal review or evaluation reports
- ✓ complaints and critical incident reporting registers
- ✓ other records, including results of feedback from people using services.

Table 1 below provides an example of how the different types of evidence work together to demonstrate compliance with a standard indicator. Further examples of how to record evidence against an indicator are available in Appendix 1.

Table 1: Example evidence for an indicator

Standard 3 Responding to Individual Need	
The assessed needs of the individual are being appropriately addressed and responded to within resource capability.	
Standard Indicator 3.3	
The organisation ensures that services delivered to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.	
People	Your evidence should indicate that staff and people using services can describe how services are delivered and how this is monitored/reviewed.
Process	Your responses should confirm that programs and activities being offered are regularly reviewed to ensure they meet the needs of people using your service. This is done through a regular cycle of program planning.

Paper	The documents you reference may include for example: minutes of service planning meetings, results of a client survey identifying areas for service improvement and/or program redesign.
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3. How evidence and findings are rated against the standards

As part of the self-assessment process, your organisation will need to record a rating against each standard indicator using the following scale:

- **Met:** evidence demonstrates that the organisation meets the requirements of the indicator
- **Partially met:** evidence demonstrates that the organisation only meets part of the requirements of the indicator
- **Not met:** evidence demonstrates that the organisation does not meet the requirements of the indicator.

Where an indicator is not relevant to the types of services your organisation delivers, a 'not applicable' rating can be recorded in the self-assessment workbook, for example Indicator 3.3 shown in the Table 1 above may not apply to a neighbourhood centre.

If you are completing a self-assessment across multiple service outlets and/or funding streams, the rating given to each standard indicator should be consistent with the lowest rating identified. This is demonstrated in the example below:

An organisation has identified extensive evidence against a particular standard indicator for counselling services funded under the Community Services funding stream but gaps are identified in policies and procedures against that indicator for the organisation's Disability Services program. In this circumstance, the organisation would record an overall rating of 'partially met'.

Practical examples of how these ratings can be used to assess evidence against an indicator are outlined in Table 2 below.

Table 2: Examples of ratings

Rating	Description and example
<p>Met</p>	<p>The evidence demonstrates your organisation effectively meets the requirements of the indicator and that evidence is available to support the assessment – this is evidenced through:</p> <ul style="list-style-type: none"> ✓ People – people using services (as well as other stakeholders such as families, internal clients and staff) confirm that they are receiving the services that are specified to be delivered. ✓ Process – your organisation is able to demonstrate that what you do matches what you say you do and that the process is consistently performed or applied. ✓ Paper – your organisation has a documented approach to meeting the standard via a policy, procedure or other appropriate document such as a register or form. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Our organisation has a complaints policy, procedure and lodgement form. These are distributed to people using services and available on our website and in the reception area of the office. All complaints are recorded in a register that is kept up to date and regularly reviewed by management and/or in team meetings to ensure that timeframes are met, processes are consistent with the policy and improvements are occurring. A recent survey of people using services indicated that the complaints process is known and understood and is working.</i></p> </div>
<p>Partially met</p>	<p>Your responses identify your organisation does not fully meet the requirements of the indicator or the outcome is only partially effective</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Our organisation has a complaints management system as described in the above example. However, an internal audit of service user files shows that not everyone using the service have received a copy of the policy and complaints brochure upon entry to the service. Our organisation does not have the complaints brochure on the website or kept anywhere in the office for people using the service to access. A recent survey found that some service users wanted to raise a complaint, however they were unsure of the process.</i></p> </div>
<p>Not met</p>	<p>Your organisation has no documentation or processes in place to meet a major component of an indicator, or the outcome is ineffective or does not meet legislative requirements.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Our organisation has a complaints policy and procedure; however, it has not been reviewed for many years. A complaints register is kept but on review it is found that many complaints have not been addressed and others were not addressed within an appropriate timeframe or responded to in writing as required by your procedure. An internal audit found that people using services were dissatisfied with the complaints process and indicated that they were reluctant to raise complaints because they were afraid of losing services.</i></p> </div>

4. Recording the results of your self-assessment

Use the Self-Assessment Workbook to record your organisation's self-assessment findings and identify areas for improvement. The Self-Assessment Workbook is available in two formats, Microsoft Office Word or Excel, on the HSQF website at: www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework

Use the format you prefer.

When completed, your organisation's self-assessment should include:

- ✓ evidence of current good practice
- ✓ evidence of what results have been achieved and how your organisation demonstrates that it meets each standard indicator
- ✓ evidence that your organisation meets the mandatory requirements of each indicator, as relevant
- ✓ a rating against each standard indicator
- ✓ areas for improvement which will form the basis of the continuous improvement plan.

Appendix 1 provides examples of the Self-Assessment Workbook completed for three indicators.

5. Self-assessment and continuous improvement

As self-assessment and continuous improvement are connected processes, you should complete your Continuous Improvement Plan at the same time as your self-assessment.

If you use the Excel format Self-Assessment Workbook, the Continuous Improvement Plan will automatically be populated as you complete the self-assessment. If you use the Word format Self-Assessment Workbook, you will need to download and complete the Word version of the Continuous Improvement Plan available on the HSQF website at: www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework. Further information about continuous improvement is outlined in Part B of this guide.

6. Submitting your self-assessment

As a Self-assessable (only) organisations, you need to submit a copy of the completed workbook to your contract officer. Before submitting the self-assessment, the board or management committee will need to be satisfied that the information provided in the self-assessment is accurate. An authorised person in your organisation will need to sign the Declaration in the Self-Assessment Workbook (you will need to print the declaration, have it signed and send the scanned copy to your contract officer with your self-assessment).

It is also recommended that you also submit your initial Continuous Improvement Plan to your contract officer along with your self-assessment. As detailed in Part B of this guide and the Human Services Quality Framework, you must submit your updated Continuous Improvement Plan to the department 12 months after your self-assessment due date. This allows your organisation time to action your identified improvements and report to your contract officer about your progress implementing them.

You do not need to submit your policies or procedures with your self-assessment workbook.

Contract officers will use the self-assessment to support contract management processes, including identifying how an organisation is performing against the standards, evidence of good practice and opportunities for improvement.

Further information about the timeframes for submitting a self-assessment and continuous improvement plan is outlined in Diagram 1 above and in the *Human Services Quality Framework* available at: www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework

If you are unsure about the due date for your self-assessment, check with your contract officer.

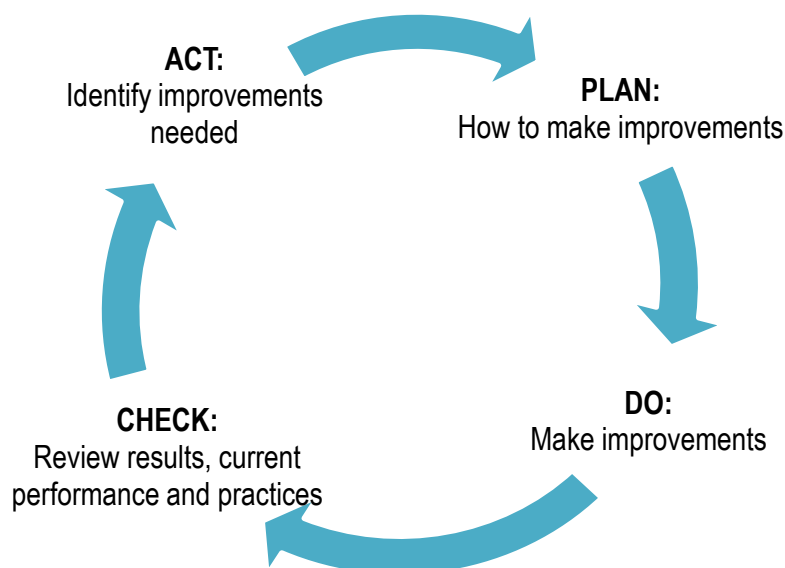
Part B – Continuous Improvement

1. About continuous improvement

Continuous improvement is central to an organisation's ongoing functioning. It involves regular review and action on service delivery, processes and planning activities. Continuous improvement actions can be identified from the self-assessment process, feedback from service users, complaints or other service delivery issues.

The 'Plan, Do, Check, Act' model shows a continuous improvement cycle that applies to all aspects of an organisation's service delivery, management and operations. There are four interrelated phases in this continuous improvement cycle as outlined below.

Plan	Establish the goals and processes (activities) necessary to implement improvement. These will usually be identified through your self-assessment.
Do	Implement planned improvement activities
Check	Monitor, measure and report on the effectiveness of results
Act	If the desired result has been achieved, formalise the process so it becomes sustainable and embedded in practice. If monitoring suggests that the planned activity has not been successful, there is a need to develop another strategy. This means commencing the cycle again.



The information collected during a self-assessment will help to demonstrate areas for improvement and the reasons to make changes in those areas. This process can be seen as building a case for change within an organisation, as it helps stakeholders understand why the organisation is seeking to make changes to processes and systems.

After a self-assessment is completed, your organisation should act on any identified areas for improvement as soon as possible. It is important to prioritise these and give consideration to:

- the importance of the improvement to the safety of staff and/or people using services
- the impact of the improvement to service delivery
- the urgency to implement the improvement action
- the resources and abilities required to achieve the change.

2. The continuous improvement plan

The Continuous Improvement Plan provides a structured way to:

- record areas for improvement, such as identified gaps in systems and processes that do not meet the standards
- outline the planned actions/tasks to be undertaken
- allocate responsibility for improvement activities to relevant people in your organisation
- prioritise improvement activities based on an assessment of the impact they will have for your organisation and the people who use your services
- set realistic timeframes for the completion of tasks
- monitor, measure and report on the effectiveness of the improvements
- identify further opportunities to improve the quality of services.

Appendix 2 provides an example of a completed Continuous Improvement Plan.

The plan is particularly useful where standards have been rated in the self-assessment process as either 'Not Met' or 'Partially Met'. These ratings need to have appropriate resources and time allocated to address them.

Where a self-assessment rating is recorded as 'Met', the plan is used to record and monitor the actions taken by your organisation to maintain this level of performance against the standards. You can also use the plan to record and monitor the effectiveness of innovative activities focused on best practice and innovation.

An important note about timeframes

As a general rule, it is expected that improvements for indicators relating to critical safeguards for safety and wellbeing of people using services or important contractual requirements in service agreements to be actioned and implemented within 3 months of identifying them in a self-assessment and including in the Continuous Improvement Plan. These indicators are listed in Appendix 3.

Organisations should aim to complete and implement improvements for other indicators within 12 months.

Once developed and implemented, the plan provides a reference for maintaining quality through ongoing improvement. The continuous improvement plan remains in place into the future to capture additional areas which require improvements. Outcomes from complaints, feedback, customer surveys etc. can be added to the plan over time if any areas for improvement have been identified.

Your organisation can use regular staff or management meetings to review the progress of the continuous improvement plan, as well as identify new areas for improvement. The plan is an operational document and should be reviewed regularly. This regular review will identify progress that has been made towards improving systems and processes and areas that may need additional resources, extra energy or even different strategies to achieve the desired outcomes.

Further information about the continuous improvement cycle is available in the HSQF Quality Pathway Kit for Service Providers available at: www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework.

3. Submitting your continuous improvement plan

It is recommended that you submit your initial Continuous Improvement Plan to your contract officer, along with your self-assessment, however this is optional.

You are required to submit your updated Continuous Improvement Plan to your contract officer 12 months after your self-assessment due date (or a total of 30 months after your HSQF commencement date). This allows your organisation time to action your identified improvements and report to your contract officer about your progress implementing them.

The updated Continuous Improvement Plan should show what actions your organisation has taken to address the improvements identified in your self-assessment.

Even if your organisation has self-assessed as fully meeting all indicators and standards, you are still required submit a Continuous Improvement Plan 12 months after your self-assessment due date to demonstrate you are working to maintain organisational processes and service delivery which meets the Human Services Quality Standards.

If you are unsure about the due date for your Continuous Improvement Plan, check with your contract officer.

The Continuous Improvement Plan is available in two formats. Use the format you prefer.

If you use the Excel format Self-Assessment Workbook, the Continuous Improvement Plan will automatically be populated as you complete the self-assessment. If you use the Word format Self-Assessment Workbook, you will need to download and complete the Word version of the Continuous Improvement Plan available on the HSQF website at: www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework

Before submitting the Continuous Improvement Plan, the board or management committee will need to be satisfied that the information provided in it is accurate. An authorised person in your organisation will need to sign the Declaration.

Further information and support

Further information about the HSQF is available from your contract officer or:

Human Services Quality Framework Team

Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

Telephone: 1800 034 022

Email: hsqf@dldsatsip.qld.gov.au

Useful websites:

Human Services Quality Framework - Department of Communities, Child Safety and Disability Services

www.dldsatsip.qld.gov.au/our-work/human-services-quality-framework

Human Services Quality Framework – Self-Assessable - Key milestones for organisations completing a self-assessment – Printable A3 document

www.dldsatsip.qld.gov.au/resources/dldsatsip/work/hsqf/key-milestones-for-self-assessment.docx

QCOSS

<https://www.qcoss.org.au/project/hsqf/>

Appendix 1 – Examples of how to complete the self-assessment workbook

Standard 1 (Example A)	Standard 1 – Governance and management
Expected outcome	Sound governance and management systems that maximise outcomes for stakeholders.
Context	The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.
Standard Indicator	1.6 The organisation encourages and promotes participation by people using services and other relevant stakeholders in governance and management processes.
What practices and processes does your organisation have in place to meet this indicator? <i>Consider all common and service stream/service type mandatory requirements in the HSQF</i> User Guide – Self-Assessable Organisations	<p>At Care Community Queensland, we meet this indicator by:</p> <ul style="list-style-type: none"> • appointing a client representative to the management committee • producing a quarterly newsletter containing information about upcoming management meetings that people may wish to participate in • providing a feedback form to every new person using services as part of a welcome pack • conducting an annual survey on services • meeting minutes and actions from quarterly planning meeting which show involvement of people using services
Self-rating	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met
What needs to be recorded in the Continuous Improvement Plan?	We would like to have an electronic feedback form on our website. Although not a priority for at least 12 months, we believe this would be a great way to get feedback from a wide range of stakeholders and would also allow people to give feedback to us anonymously.

Standard 1 (Example B)	Standard 1 – Governance and management
Expected outcome	Sound governance and management systems that maximise outcomes for stakeholders.
Context	The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.
Standard Indicator	1.7 The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.
<p data-bbox="165 692 461 855">What practices and processes does your organisation have in place to meet this indicator?</p> <p data-bbox="165 868 495 1050"><i>Consider all common and service stream/service type mandatory requirements in the HSQF User Guide – Self-Assessable Organisations</i></p>	<ul data-bbox="510 571 2063 919" style="list-style-type: none"> • At Share Neighbourhood Service, we have an Information Management Policy which guides how we organise, store, access and dispose of information. • The Information management policy and procedure requires password protection for access to the electronic file system and an additional level of security for access to sensitive personal information. • We also have a privacy policy that outlines our obligations as a department funded provider under the <i>Information Privacy Act 2009</i> – this includes our requirement to report privacy breaches to the department and to ensure the security of personal information at all times • Records demonstrating that staff have been made aware of and understand their privacy, confidentiality and information management obligations (e.g. staff files and training sessions). <div data-bbox="510 959 2051 1110" style="border: 1px solid black; padding: 5px;"> <p data-bbox="533 975 1995 1031"><i>Note: Remember to include any mandatory requirements as outlined in the Human Services Quality Framework User Guide – Self-Assessable Organisations – for example:</i></p> <ul data-bbox="539 1038 2007 1094" style="list-style-type: none"> • <i>Staff and management can describe how they maintain confidentiality and privacy of personal information at an everyday level.</i> </div>
Self-rating	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met
What needs to be recorded in the Continuous Improvement Plan?	<ul data-bbox="510 1262 2007 1374" style="list-style-type: none"> • Conduct a review of the information management policy in the next 12 months to ensure that it is still current and aligns the legislative and policy requirements • Investigate options for strengthening password protection by implementing regular mandatory password updates

Standard 4 (Example C)	Standard 4 – Safety, wellbeing and rights
Expected outcome	The safety, wellbeing and human and legal rights of people using services are protected and promoted.
Context	The organisation upholds the legal and human rights of people using services. This includes people’s right to receive services that protect and promote their safety and wellbeing, participation and choice.
Indicator	4.3 The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.
What practices and processes does your organisation have in place to meet this indicator? <i>Consider all common and service stream/service type mandatory requirements in the HSQF User Guide – Self-Assessable Organisations</i>	<ul style="list-style-type: none"> • At Quality and Care services we have processes for responding to potential or actual harm, abuse and neglect – these require incidents to be recorded in the incident register. • A recent review of the incident register identified that not all critical incidents are being recorded in the register and therefore it cannot be confirmed that all incidents have been reported to the department as required. • Our policy for reporting potential or actual harm is currently under review and is not available to staff.
Self-rating	<input type="checkbox"/> Met <input type="checkbox"/> Partially met <input checked="" type="checkbox"/> Not met (Rating due to Common mandatory requirement in the HSQF User Guide - Self-Assessable Organisations)
What needs to be recorded in the Continuous Improvement Plan?	<ul style="list-style-type: none"> • Complete review of the policy for reporting potential or actual harm and progress to the management committee for approval – making sure that the new policy aligns with the processes for responding to potential or actual harm • Publish the new policy and conduct staff training session on the policy and the processes for critical incident reporting • Conduct regular reviews of critical incident reporting to ensure that the register and processes are being implemented correctly • Prepare report for the management committee on the effectiveness of implementation and the number of critical and other incidents reported

Appendix 2 – Example Continuous Improvement Plan

Standard indicator	Rating from self-assessment and date identified	Issue and improvement action required	Responsible person to action	Required by date	Outcome and date closed	Review date
1.6	Not met 1 July 2021	The processes used to identify, assess and manage risk need to be fully documented and circulated to management and staff.	John T	30 June 2022	Remains open – planning underway and review of QCOSS support resources has been completed ahead of management team meeting in October 2015	1 November 2021
1.6	Met 1 July 2021	We would like to have an electronic feedback form on our website. Although not a priority for at least 18 months, we believe this would be a great way to get feedback from a wide range of stakeholders and would also allow people to give feedback to us anonymously.	Maggie F	1 December 2022	Remains open	Reassess priority in January 2022
1.7	Partially met 1 July 2021	Work with IT provider to implement password protection functionality for the client services database	Fred P	3 July 2021	Relevant action undertaken and password protection installed on database 3 July 2021.	Not applicable– Improvement action closed
1.7	Partially met 14 July 2021	New staff member registration forms have not been consistently completed (staff members are sometimes set in the	Fred P	31 July 2021	Retraining completed 2 July 2021.	4 January 2022

Standard indicator	Rating from self-assessment and date identified	Issue and improvement action required	Responsible person to action	Required by date	Outcome and date closed	Review date
		system based on verbal instruction). Need to retrain relevant staff in new staff member registration (schedule for two weeks' time).			Review in 6 months' time.	
4.5	Not met 21 July 2021	Client Plan to be revised within the next three months. At present there is no evidence that the client has received the rights and responsibilities document, so we will include a check box for the client to tick and sign that they have received the document. Also add a client goals' section so that the client can outline their goals and aspirations.	Jane S	20 October 2021	Revision of client plan completed, document updated to include tick box and 'client goals' section 15 October 2015.	1 February 2022, review sample of all plans to make sure client goals and aspirations are being recorded.
4.5	Not met 21 July 2021	The organisation needs to provide information in appropriate formats to enable service users to participate and make choices about the services they receive.	Fred P	1 September 2021	Re-printing of required information in appropriate format. 1 September 2015.	1 March 2022

Appendix 3 – Timeframes for critical safeguards

The indicators listed below relate to critical safeguards for the safety and wellbeing of people using services or important contractual requirements in service agreements. Where an organisation self-assesses these indicators as partially met or not met, improvement actions should be implemented within 3 months of including them in the Continuous Improvement Plan. Please note, in some cases as outlined below, this timeframe only applies to specific requirements. Organisations should aim to complete and implement improvements for other indicators within 12 months.

Standard/Indicator description		Further information and recommended timeframe to action and implement if rated partially met or not met in a self-assessment
Standard 1 Governance and management		
1.1	The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements.	3 months – all common and applicable service specific requirements
1.4	The organisation’s management systems are clearly defined, documented and monitored and (where appropriate) communicated including finance, assets and risk.	3 months – all common requirements
1.7	The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.	3 months – all common and applicable service specific requirements
Standard 4 Safety wellbeing and rights		
4.2	The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.	3 months <u>noting that improvement actions should be commenced immediately</u> – all applicable common requirements, noting that Working with Children (blue card system) requirements may not be applicable to all services 3 months <u>noting that improvement actions should be commenced immediately</u> - applicable service specific requirements
4.3	The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.	3 months <u>noting that improvement actions should be commenced immediately</u> – all common and applicable service specific requirements

Standard/Indicator description		Further information and recommended timeframe to action and implement if rated partially met or not met in a self-assessment
Standard 5 Feedback, complaints and appeals		
5.1	The organisation has fair, accessible and accountable feedback, complaints and appeals processes.	3 months – all common requirements
Standard 6 Human Resources		
6.1	The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.	3 months <u>noting that improvement actions should be commenced immediately</u> – work health and safety requirements for organisations funded under the Individuals Investment Specification for Assertive Outreach
6.3	The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.	3 months - requirement for Disability Services organisations to ensure that staff are trained to mitigate and report potential critical incidents and to recognise and prevent occurrences of abuse, neglect and exploitation of people with disability.