

# Human Services Quality Framework

Quality Pathway Kit for Service Providers

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# Table of Contents

Introduction to the Human Services Quality Framework .....	3
Section 1 - Quality management .....	5
Section 2 - Establishing a quality system.....	7
Section 3 - Customer engagement .....	9
Section 4 - Policies and procedures .....	11
Section 5 - Roles and responsibilities .....	14
Section 6 - Records and reporting.....	16
Section 7 - Customer and stakeholder feedback .....	18
Section 8 - Service provider self-assessment.....	21
Section 9 - Independent third-party audit.....	24
Section 10 - Maintaining quality and continuous improvement .....	28
Glossary.....	30

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# Introduction to the Human Services Quality Framework

The Human Services Quality Framework (HSQF) is a quality assurance framework for assessing and promoting improvement in the quality of human services.

The HSQF was developed in collaboration with the non-government sector to maintain important safeguards for people using services while streamlining quality requirements. It incorporates:

- a set of quality standards, known as the Human Services Quality Standards, which cover the core elements of human service delivery
- an assessment process to measure the performance of service providers against the standards (assessment occurs at organisation level across all in-scope services)
- a continuous improvement framework, which supports the participation of people who use services in quality improvement.

The HSQF applies to:

- Organisations funded to deliver human services under service agreements, or other specified arrangements, with the following participating Queensland Government departments:
  - Department of Child Safety, Seniors and Disability Services (DCSSDS)<sup>1</sup>.
  - Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA).
  - Department of Justice and Attorney-General (DJAG)
  - Queensland Health (QH).
- Organisations funded to deliver child protection placement services in-scope of licensing under an Individualised Placement and Support Agreement (IPSA) with DCSSDS.
- Disability services delivered directly by DCSSDS.
- Disability services funded by DCSSDS.
- Organisations that have been advised by Queensland Health they can use HSQF certification to meet quality requirements for Queensland Health.
- Other organisations were approved by the HSQF Operations team and, if relevant, the Queensland Government department funding the human service delivery.

## The HSQF Quality Pathway

The HSQF Quality Pathway kit has been developed to support service providers in understanding and implementing a quality system, work through the review process against the standards and implement continuous improvement. Utilising the information in the kit along with the various tools and resources developed by Queensland Government and the Queensland Council of Social Services (QCOSS) will assist service providers to meet the requirements of the HSQF without needing to develop extensive additional internal systems.

This kit is designed to provide a comprehensive guide to the five steps of attaining certification under the HSQF.

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<sup>1</sup> "Other specified arrangements" may include contracts where the organisation has been notified of the need to implement and demonstrate compliance with HSQF. There are a small number of Service Agreements where the HSQF does not apply e.g. for products or assets.

# Five steps to quality certification

## Quality Pathway section



## Section 1 - Quality management

This section defines quality management in the context of providing human services.

**Quality** is often described as a measure of excellence, meeting specific requirements or standards, or the sum of features and characteristics that meet and even exceed the needs of customers. For providers of human services in disability, child safety, senior and young people services, quality means accessible and appropriate services with strong customer outcomes, skilled and responsive staff, good governance, and high levels of customer satisfaction.

**Quality management** is the service provider's processes for maintaining and improving quality levels of service delivery and operations, with the intent of providing the best possible experience and outcomes for customer and stakeholders, as well as for staff and governing body members.

Quality management processes help service providers to understand what is working well, identify where improvements are needed, and implement improvement actions. These processes include policies and procedures to guide practice, feedback and consultation with customers and stakeholders, and self-assessment of performance and compliance.

Quality management must be part of core business for all service providers.

A **quality management system** is the various quality management processes linked together and supporting one another.

### Quality management principles

Quality management principles guide service providers in their quality endeavour and should be evident throughout quality plans and activities. A universally accepted set of quality management principles are those developed by the International Organisation for Standardisation (ISO). The ISO principles are:

1. **Customer focus** – engaging with customers, understanding and meeting their needs, and regularly gathering feedback from customers and stakeholders on how the service provider has met their needs.
2. **Leadership** – governing body and senior staff providing direction and creating a culture and environment of customer focus.
3. **Involvement of people at all levels** - everyone has a role and accountability for quality across the organisation.
4. **A process approach** – looking at whole processes in the organisation rather than approaching things as individual and unrelated tasks.
5. **A system approach to management** - managing related processes as a system to contribute to the service provider effectiveness and efficiency.
6. **Continual improvement** - aiming to always do better.
7. **Evidence based decision-making** – using facts and data in decision making; this requires the service provider to identify what data is needed, collect it, analyse it and use it.
8. **Mutually beneficial stakeholder relations** - recognising the need to develop and sustain relationships with stakeholders.

## Quality management benefits

Good quality management requires some level of investment of time, resources and planning. However, the benefits to the organisation and its customers make this investment both necessary and worthwhile.

The primary benefit of effective quality management is its contribution to achieving best possible outcomes for customers by driving improvements in service provision. A quality system provides a way of coordinating and focusing service evaluation and improvement, ensuring that problems with service delivery are identified and addressed, that the service meets external standards of good practice and that there is a process for working towards excellence.

An effective quality system also enables a service provider to:

- Keep documentation such as policies and procedures up to date and in line with requirements
- Ensure that staff are implementing policies and procedures appropriately
- Manage risks and ensure safety of customers and staff
- **Streamline evaluation**, performance monitoring and planning processes by integrating them in a single system
- **Make good use of standards** and related compliance activities to guide practice and inform improvements in service provision
- Use data obtained from tracking and review processes within the quality system to make sure decision making is evidence based.
- **Provide evidence** of service quality and achievements and demonstrate this to potential customers.

Overall, a quality system can actually save time and effort by streamlining the management of service quality, risk and compliance.

## Continuous improvement

Quality management is a continuous cycle, meaning that service providers review and improve on processes and outcomes in an ongoing manner. This process has several variations, most common is the 'Plan, Do, Check, Act' cycle.

Continuous quality improvement is already part of the activity of most organisations. When a service provider reviews how services or other activities have performed, the extent to which they have met planned goals or achieved results, and the levels of satisfaction of customers and other stakeholders, and then makes improvements to get better outcomes, they are implementing continuous quality improvement.

## Section 2 - Establishing a quality system

This section summarises the steps involved in setting up a system for managing quality within organisations.

A quality system is simply the way that various quality management processes are set up and linked together so that they support one another. The foundations of a quality management system are:

### Customer engagement:

Review of customer and stakeholder feedback forms the central part of any quality system, and customer engagement strategies should be embedded throughout the service – Refer to [Section 3 - Customer engagement](#)

### Policies and procedures:

Policies and procedures provide essential guidance to the governing body and staff in consistent and good practice – Refer to [Section 4 - Policies and procedures](#)

### Accountability for quality management:

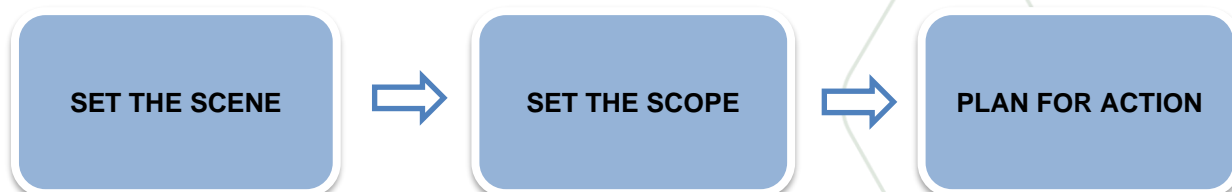
Roles and responsibilities for quality management need to be defined, assigned and monitored – Refer to [Section 5 - Quality roles and responsibilities](#)

### Records and reporting:

Records need to be kept that can provide information for monitoring the performance and quality of service, and for demonstrating quality internally and externally – Refer to [Section 6 - Records and reporting](#).

## Implementing a quality system

The first step in implementing a quality system is to undertake some planning and preparation. This helps identify the direction and extent of the service provider's quality management and how it is going to get there. Planning and preparing is also the start to engaging staff and the governing body in quality management and developing a culture of quality improvement. The more staff who understand and are involved in quality system processes, the more likely successful change and improvement will take place.



## Set the scene

### Action: Leadership endorsement

- Gain endorsement and commitment from the governing body and senior executive/managers; these leaders play a key role in supporting, communicating the value of quality systems, and contributing to change required for improvement.
- Communicate governing body and senior executive/manager endorsement and commitment, and how they will support staff to implement and maintain quality management.

### **Action: Build engagement**

- Identify the particular challenges facing the service provider and the benefits of implementing quality management for staff, stakeholders and ultimately customers.
- Start communicating about quality management – the purpose, the process, and how the results will be used; the details of this information may vary for staff, governing body, customers and stakeholders.

## Set the scope

### **Action: Understand quality requirements**

- Identify HSQF requirements
- Confirm whether independent audit is required
- Where the service provider has existing accreditation, check the extent to which this meets HSQF requirements
- Identify any additional quality and industry standards that the organisation needs to or may wish to meet.

### **Action: Allocate resources**

- Identify the people, knowledge and skills required to implement and maintain quality management.
- Assess current staff and governing body capacity, knowledge and skill to identify gaps.
- Identify costs for implementing a quality system, including people, support tools, training, external audit (if required) and improvement activities.
- Identify and allocate timeframes and people time required for quality management implementation and maintenance.

## Plan for action

### **Action: Prepare for change**

- Address staff and governing body capacity, knowledge and skill gaps through recruitment, information, training, and/or mentoring.
- Communicate quality management goals, plans and activities to staff and the governing body.
- Facilitate opportunities for staff and governing body involvement in quality management activities, allowing time for people to become familiar with the process, and to ask questions and discuss concerns.

### **Action: Develop quality action plans**

- Develop a schedule of key activities for managing quality – self-assessment, customer and stakeholder feedback and external audit (where required).
- Develop quality improvement action plans detailing activities, expected outputs, responsibilities and time frames.
- Establish working and review groups inclusive of staff, management and governing body members for shared workload and a range of input.

## Practice tip: Keep it simple

- ✓ **Managing quality need not be complex – keep to the basics.**
- ✓ **Keep it in scale with the size and complexity of the service provider organisation. Use systems and processes already in place. Use what you have and look at what improvements are needed to meet standards.**
- ✓ **Keep it manageable by planning out steps in advance and working within available resources**



## Section 3 - Customer engagement

This section summarises customer engagement in planning and delivery of services.

Understanding and working with customers about their service delivery needs is a critical part of ensuring that services are designed to meet customer needs and that customers are at the centre of service delivery. Customers can also provide valuable input and direction to broader service policies and procedures, feedback on how well the service is performing and advice on the overall direction of the service.

**Customer engagement** supports positive customer outcomes and improves service provision.

**Customer engagement** can occur at several levels:

Level	Description	Examples
<b>Individual</b>	Involvement in individual service and care planning and provision	<ul style="list-style-type: none"><li>• Collaborative case planning</li><li>• Collaborative case conferencing</li><li>• Consumer directed care</li></ul>
<b>Program</b>	Involvement in co-design, implementation and evaluation of services	<ul style="list-style-type: none"><li>• Consultations, surveys, focus groups</li><li>• Project reference group membership</li><li>• Planning groups and activities</li></ul>
<b>Organisation</b>	Involvement in higher level decision making and governance	<ul style="list-style-type: none"><li>• Formal governing body and organisation committees</li><li>• Governing body representative</li><li>• Staff training</li><li>• Staff recruitment panels</li></ul>

Engaging at every level will depend on the customer's knowledge, skills and experience, as well as the service provider's capacity to resource, train, support and engage them. However, even limited capacity and resources should not prevent customer engagement, and service providers should plan for and develop strategies for increasing customer engagement as part of quality improvement.

### Increasing customer participation

#### **Action: Develop a culture of customer participation**

- Ensure the service enacts and communicates its principles, goals, and policy of customer participation throughout all documentation, and charge leaders with responsibility for building meaningful customer participation.

#### **Action: Guide customer participation**

- Implement policies, procedures and plans to guide the service in customer participation.

**Action: Allocate resources**

- Ensure resources are available to support participation by customers and for participation activities.

**Action: Monitor, review and improve**

- Establish processes for monitoring participation and for improving the level and quality of customer participation.

**Practice tip: Keep in touch and make it meaningful**

- ✓ **Customer engagement should be an ongoing part of service provision.**
- ✓ **Think about what customers are really interested in, rather than what the organisation thinks they should be interested in.**
- ✓ **Look for opportunities to ask customers about their experiences, their ideas and their suggestions.**
- ✓ **Ensure that customers are the centre of any service-related activity – look for opportunities to involve them in planning or development of services.**
- ✓ **Ensure that engagement activities are appropriate for different customer groups.**
- ✓ **Consider social activities or other non-service-related activities or issues that may engage customer interest.**

## Section 4 - Policies and procedures

This section provides guidance on implementing organisation policies and procedures.

Policies and procedures are the foundation of quality management. They document the way in which all key activities in the organisation are to be conducted, setting standards and maintaining consistency.

Policies are concise formal statements outlining what the organisation adheres to and aims to achieve on matters of service delivery and operations. Procedures are the details and steps of how a policy is to be applied and achieved. Policies and procedures are often accompanied by supporting documents that are used in the practical application of policies and procedures (for example, the organisation's standard forms and checklists).

Service providers need policies and procedures to communicate to and instruct the governing body and staff in consistent and good practice. They must clearly articulate expected levels of performance, activities, roles and responsibilities.

Policies and procedures are also a critical tool for ensuring the rights of customers are protected and that their safety and quality of service are guaranteed. Service providers have an ethical and legal responsibility for directing and managing procedures such as privacy protection, complaints management and critical incident or harm reporting.

The service provider should also have a policy on how to develop, implement and review policies and procedures.

### Implementing policies and procedures

Implementing policies and procedures involves several steps from identifying the need for a new policy to continuously monitoring, reviewing and improving.



#### Identify the need

##### Action: Assess policy need

- Consider the effects of changes to internal and external environment and if new policies and procedures are needed, or if existing policies and procedures need amending.

#### Practice tip: Staff consultation

- ✓ Consulting with staff starts the policy communication and engagement process.
- ✓ Input from staff can provide unique and hands-on perspectives that may otherwise be missed.
- ✓ Successful policy implementation is more likely if staff have been engaged and the policy is relevant to them and what they do.

- Review self-assessment against standards and/or external audit reports to identify policy changes or development needed.

## Practice tip: Triggers for policy review and development

- ✓ **Changes to government programs, policy, funding or legislation**
- ✓ **Implementation of quality standards or industry guidelines**
- ✓ **Implementation of new strategies, programs, services or relationships (both formal and informal)**
- ✓ **Following the outcome of complaints process or critical incident**
- ✓ **New premises or equipment**
- ✓ **Schedule of policy review and improvement**

### Action: Assign responsibility

- Assign responsibilities to individuals and teams for researching, developing, approving or endorsing and implementing policies and procedures.
- Consider the time, knowledge and skills required and best fit with staff and their positions.

## Research

### Action: Research

- Analyse the potential scope of the policy, who it will affect and relationship with other policies and procedures.
- Identify minimum requirements and desired best practice as per quality standards, industry guidelines and legislation.
- Research policy topic to inform content development.

## Draft and consult

### Action: Draft content

- Draft content based on policy need, minimum requirements, desired best practice and research findings.
- Use the organisation's standard policy and procedure templates.

### Action: Consult

- Consult with relevant staff and governing body members on the draft policy and procedure, particularly those that are likely to be impacted by the policy and procedure.
- Consult with customers and stakeholders on relevant draft policies and procedures.

## Finalise and implement

### Action: Finalise content

- Incorporate appropriate changes to finalise policies and procedures.
- Where major changes to intent or content, a second (even if limited) consultation may be required.
- Develop supporting resources.

### Action: Obtain endorsement or approval

- Obtain and document formal endorsement or approval from designated authority (usually the governing body or delegated senior staff).

### Action: Implement

- Apply version control to all documents, recording details to ensure the most current version can be identified and distributed and to track changes made to previous versions. Example below:

Version number	Date approved	Approved by	Summary of changes from previous version
2022/3	2 June 2022	CEO and governing body	Updated to comply with 2022 privacy legislation. Incorporates more detail on staff responsibilities.

- Notify staff of new/updated policies, procedures and supporting documents via email, internal news, staff meeting, etc.
- Advise customers of any new/updated policies or procedures affecting them directly (such as complaints management, privacy and confidentiality etc).
- File hard and/or electronic copies in accessible locations for relevant staff.
- Provide opportunities to raise any policy implementation issues.
- Check immediate impact and effectiveness to identify and prevent any unexpected risks.

## Monitor, review and improve

### Action: Monitor policy application

- Monitor new policies to ensure they are understood, applied and if they have achieved their purpose and outcomes.
- Document significant implementation issues or policy concerns to inform review and further development.

### Action: Review and improve

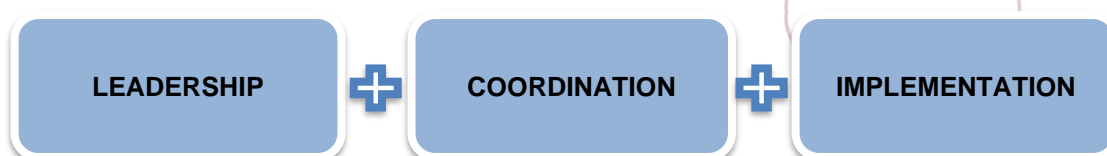
- Review all policies, procedures and supporting documents as part of a scheduled cycle.

## Section 5 - Roles and responsibilities

This section summarises the responsibilities for managing quality within the organisation.

Effective and strong service providers demonstrate the quality management principle of leadership. Leadership is essential for providing direction, instituting values and ethics, and for creating a culture of critical reflection and continuous improvement. The governing body and CEO/Manager are the primary leaders of the service provider organisation and must demonstrate leadership for managing quality.

Depending on the size and complexity of the service provider organisation, responsibilities for managing quality will vary. Some may have a dedicated position to coordinate quality management, some may incorporate this into an existing position, and/or some may engage external expertise. However, the coordination is structured, quality management requires a whole of organisation approach, with everyone having accountability for implementing quality improvement activities.



### Leadership

**Action: Allocate responsibilities to the governing body and senior staff for oversight of quality management. Their role is to:**

- Ensure there is a documented and active quality system including:
  - Designated roles and responsibilities
  - Quality goals and plans
  - Policies and procedures
  - Customer and stakeholder feedback
  - Self-assessments
  - External audit
  - Monitoring and reporting.
- Ensure compliance with relevant standards, industry guidelines and legislation.
- Ensure there is a documented and active risk management system.
- Monitor results of self-assessments and external audits.
- Foster a positive approach to quality improvement and empower staff to implement continuous improvement.
- Monitor quality management progress, achievements and areas for development.
- Recognise and reward quality achievements.

**Action: Leaders plan for and allocate resources**

- Identify current and future resources required to implement and maintain quality management.
- Secure sustainable financial resources.
- Develop and monitor budgets for quality improvement activities.
  - Value and support time and skills required by staff for quality management implementation.

## Practice tip: Quality management responsibilities

- ✓ **Ensure all staff and governing body members understand their quality system responsibilities.**
- ✓ **Include quality system related responsibilities in all governing body and staff position descriptions, policies and procedures, and quality action plans.**
- ✓ **Include quality system related expectations in new staff and governing body member orientation to their positions.**
- ✓ **Include quality system related expectations in governing body and staff performance reviews.**

### **Action: Leaders contribute to continuous improvement**

- Lead and participate in quality improvement activities, particularly those relating to governance, strategic direction and service planning.

## Coordination

### **Action: Designate specific positions to be responsible for coordinating quality. Their role is to:**

- Coordinate development and implementation of quality action plans.
- Facilitate processes for actioning quality management, including working and review groups/teams.
- Lead key quality system processes including development of policies and procedures, customer and stakeholder feedback, self-assessment and/or independent audit.
- Lead processes for ensuring required quality data is collected, analysed and applied.
- Coordinate internal and external quality reporting.

### **Action: Coordinators contribute to continuous improvement**

- Lead and participate in quality improvement activities, particularly those relating to planning and operations.

## Implementation

### **Action: Identify which individuals are responsible for contributing to continuous improvement. Their role is to:**

- Lead and participate in organisation checks and audits, including workplace health and safety audits, compliance checks, risk management assessment.
- Participate in individual and group practice reflection and improvement.
- Lead and participate in quality improvement activities, particularly those relating to customers, stakeholders and service delivery.

## Section 6 - Records and reporting

This section summarises basic record and reporting practices that service providers should have in place for effective quality management.

In addition to having up to date policies, procedures and good general record keeping practices, service providers should have specific documentation and reporting activities in place to:

- Support risk and compliance management
- Plan, monitor and track quality management
- Demonstrate evidence of quality systems.

### Quality records

Service providers should consider implementing the documentation and reporting listed below.

#### Compliance records

Compliance records identify key legal, contractual and reporting obligations relating to insurance, incorporation, taxation, service and performance agreements and workplace health and safety. A compliance register may be used to record individual obligation details such as relevant legislation/requirements, timing of obligation, monitoring activities, responsibilities and confirmation of obligation being met.

#### Records of organisation risk

A record should be maintained of the organisation's major risks, their risk rating, treatments implemented, monitoring activities, review time frames and persons responsible.

#### Document control record

A list of the main documents that direct the service provider's business (such as policies and procedures) should be maintained and detail where the document is filed, the date and identifier of the current version, review dates and how specific documents will be disposed of.

#### Complaint and Feedback Register

Complaint registers summarise all complaints received, how the service provider has responded, and the complaint outcome. Feedback registers may collate unsolicited feedback received as well as list feedback activities undertaken and reference to feedback reports.

#### Audit and incident records

A record of all internal audits and subsequent actions should be recorded, including those relating to WHS, financial records, human resources, and customer record management. An incident register records detail of all accidents, injuries or critical incidents, including what has happened, who has been affected and the action taken by the service provider.

#### Delegations

A record of delegations lists the key delegations and decision making authority within the organisation, particularly those relating to governance, finances, contract management, WHS, human resources, and media relations.



## Quality improvement records

Quality improvement records include plans, progress reports and improvement achievements, and should address the service provider's improvement activities informed by self-assessments, external audit reports, and desired quality goals. Plans provide direction about what quality standards are to be achieved and how it is going to happen. Progress against quality activities should be recorded for monitoring, reporting and celebrating success.

## Monitoring and reporting

Once quality records are in place, monitoring and reporting processes are required to support quality management. Monitoring is about regularly checking on the systems already in place to ensure they are working and to inform ongoing quality management. For example, keeping track of feedback and complaints through a register allows for issues to be identified, addressed, and improvements made where needed. Monitoring incidents may highlight areas where the organisation is at risk and improvement action is required.

The governing body, as the legally responsible entity, and those charged with leadership, need regular information about the service provider's performance for governance and strategic decision making. Defining the range of internal reporting requirements through a reporting schedule may assist in monitoring quality management.

## Section 7 - Customer and stakeholder feedback

This section provides guidance on implementing customer and stakeholder feedback practice.

Quality management's first principle is that of customer focus, guiding service providers to gather feedback from customers and stakeholders on how the service provider is meeting their needs. Customer and stakeholder feedback about their experience and their perception of the service provider's performance is valuable information to assist in assessing and building levels of quality.

### Facilitating feedback

The type and amount of feedback needed from customers and stakeholders to assist in assessing and building levels of quality is unlikely to be given unsolicited; service providers need to actively seek it out through a planned and continual process.

Feedback collection needs to be appropriate for the target group, well timed, and in formats that facilitate the easiest and quickest responses, while gathering the required information for the service provider. A well-considered feedback process includes a combination of feedback collection methods, each used where it will be most effective.

Feedback may be obtained using the following verbal, paper, electronic, or on-line methods:

- General satisfaction surveys
- Specific issue / subject surveys
- Suggestion box / mail
- Response cards
- Customer exit survey and interview
- Customer and stakeholder consultation sessions
- Event evaluation survey
- Project and program evaluation survey
- Interagency / partnership survey
- Social media and website data analysis
- Customer representative / reference group.

### Practice tip: Surveys

- ✓ **Keep questions and surveys short and simple**
- ✓ **Ask only what you really need to know and will use**
- ✓ **Use rating scales and yes/no options**
- ✓ **Include open ended questions to gather more detailed responses (but not too many)**
- ✓ **Avoid leading and emotionally or politically loaded questions**
- ✓ **Start surveys with easy to answer questions.**

## Information to collect

Service providers need feedback across numerous domains. These domains should be used to guide specific questions for any feedback gathering activity.

	Domain	Example
<b>Effectiveness</b>	Measure how well customers and stakeholders consider the service has assisted them or achieved goals.	Using a scale for responses, ask: <i>“How well has the program increased your confidence in social occasions?”</i>
<b>Satisfaction</b>	Measure customer and stakeholder happiness and satisfaction with various aspects of the service, i.e., types of services, reliability, responsiveness, and interactions with staff.	Using a scale for responses, ask: <i>“How satisfied are you with how the staff involved you in decisions about services provided for you?”</i>
<b>Levels of importance</b>	Elicit information about what is most or least important to customers and stakeholders, i.e., choice of location, different service formats, workshop topics.	Ask open ended or listed response question: <i>“What are the three most important pieces of information to provide to new customers to the service?”</i>
<b>Priorities for improvement</b>	What needs to be done better or improved?	Ask open ended questions and seek examples or ask why: <i>“How could our service improve the way we transfer customer information? Provide an example of what this would look like.”</i>
<b>Outcomes</b>	What specific outcomes have been achieved for customers?	Measure changes in customer health, lifestyle, behaviour or attitude.

## Unplanned feedback

Unplanned feedback such as compliments and suggestions should be welcomed and recognised for their value in contributing to quality improvement. A simple system for recording unplanned feedback, such as a register, will support the collation of information which can then be analysed, and used to inform development.

Complaints are also valuable in highlighting potential risks and for informing areas for improvement. Complaints management includes a register documenting all complaints received, with this information regularly reviewed as part of the quality improvement program.

## Steps in gathering and managing feedback



### Action: Implement policies and procedures

- Develop and implement policies and procedures for feedback management. These should address delegations and responsibilities, protection of privacy, types of information to be collected, methods of collection, use of financial and other resources, application of data, etc.

### Practice tip: Data collection

- ✓ All feedback collected should be used to inform service delivery and organisation development
- ✓ If feedback is not going to be used, don't collect it.

### Action: Plan and conduct activities

- Schedule feedback activities to align with reporting requirements, development activities and opportunistic events such as the provider's AGM.
- Plan individual feedback activities considering the information required, target audience, method of communicating and collection methods.
- Facilitate feedback as one-off activities as well as those that allow for comparisons over time.

### Action: Collate and analyse feedback

- Collate feedback at the end of targeted activities.
- Collate feedback through regular data collections to identify how well customer or stakeholder needs are being met (for example, customer case plans and achievement of goals, customer outcome data, and feedback and complaint registers).
- Analyse data to identify major risks and concerns, priorities for improvements, and patterns and issues.

### Action: Use feedback

- Use feedback to inform quality improvement action plans, strategic and service planning, project and development activities, and funding submissions.

### Action: Communicate results

- Summarise and communicate feedback results to contributors and more broadly to demonstrate how input is valued and contributing to service provider development.
- Communicate results to staff and the governing body.

## Section 8 - Service provider self-assessment

This section provides guidance on undertaking self-assessments for service providers.

For service providers required to demonstrate compliance through certification, when they first go through the initial certification process, they are first required to check their own compliance with the standards through a self-assessment. They use these self-assessment results to demonstrate the extent to which they comply with the standards to their third-party auditor.

Self-assessment is an essential step for service providers in determining where they are on their quality management journey and what the next development steps are to be. Self-assessment is not about finding fault or blame; rather, it provides opportunity to recognise the good work being done, share findings with staff, customers and stakeholders, and inform quality improvement plans. Self-assessment also helps service providers prepare for external audit by identifying areas that need addressing in order to comply with quality and/or industry standards.

The self-assessment process requires some 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. The steps outlined below generally flow from one to the next, however, there may be times when it is necessary to return to a previous step or action to reconsider or repeat the step.



### Prepare

#### Action: Set the scene

- Communicate to staff and customers about the self-assessment – the purpose, the process, and how the results will be used; the details of this information may need to vary for the audience i.e. staff and customer groups.
- Identify how and when customers may need to be involved in providing feedback and information.

#### Action: Allocate resources

- Assign and communicate responsibilities for the different roles and activities, including for leadership and sign-off.
- Determine how much time is needed for the self-assessment and where that time will come from. A self-assessment against quality standards can take as little as a couple of months or as long as a year, depending on factors such as the size and complexity of the service provider, how many people are involved and their skill level, and tools used to support the process.
- Commit financial resources for people, time and tools.

#### Action: Identify support tools

- Identify tools that can be used for completing the self-assessment. This includes templates or workbooks (such as the HSQF Self-Assessment Workbook) and on-line or electronic systems for self-assessment and reporting.

## Practice tip: When to do a self-assessment

- ✓ There is no 'right' or 'wrong' time, what works for one organisation may not work for another.
- ✓ Consider internal and external factors that may help or hinder the process.
- ✓ Challenge presumptions about timing – perhaps waiting until “things settle down” means missing development opportunities.
- ✓ Consider what and when the results can be used for: strategic planning, staff work planning, project budget development, etc.
- ✓ Think about what needs to be achieved by when and work backwards from that.

- Identify methods and tools for engaging with customers and collecting information about their experience (see Customer and stakeholder feedback - Information sheet 7).
- Decide on the support tools that will enhance your organisation's ability to complete the self-assessment accurately, efficiently and with meaningful results.

## Practice tip: Self-assessment support tools

- ✓ Analyse what tools will best support self-assessment and longer-term quality management: paper based, electronic, and on-line?
- ✓ Consider financial costs as well savings on time and effort.
- ✓ Consider how easy the tools are to use and whether training is required.
- ✓ Identify how can the tools assist and contribute to broader planning, monitoring and reporting.
- ✓ Are auditors able to access the tools for independent audit (where relevant)?

### Action: Establish coordination

- Set up teams and working groups for different functions: overall leadership, assessment of certain standards, documentation, review and sign-off.
- Establish reporting requirements - what is to be reported to who and at what stages.

### Action: Schedule timeframes and activities

- Map out a plan and schedule for the self-assessment that identifies start and end dates, and timeframes for specific activities, review and sign-off.

## Assess

### Action: Review requirements for each standard

- Read and understand each standard, indicator and expected outcome, mandatory evidence and evidence example.
- Review the organisation's documentation, systems, practices, relationships, staff and governing body knowledge, customer and stakeholder knowledge and experience, and physical environment.

### **Action: Collate and rate evidence**

- Document and collate the evidence for each standard and indicator.
- Rate the evidence to determine how well it meets the standards, indicators and mandatory evidence requirements.

## **Plan Improvement**

### **Action: Analyse self-assessment**

- Identify your organisation's strengths and areas where it does not adequately meet a standard, criteria or mandatory evidence.
- Determine the outcomes/achievements the organisation wants.

### **Action: Develop action plans**

- Document specific improvement activities to be undertaken in order to exceed or meet the standards, indicators and mandatory evidence.
- Prioritise activities according to customer needs, risk rating, and compliance requirements.
- Assign and communicate responsibilities and time frames.

### **Action: Report and communicate**

- Report self-assessment findings to governing body, staff, customers and stakeholders as determined.
- Communicate and celebrate strengths and achievements.
- Communicate areas for development and improvement plans.

### **Action: Demonstrate compliance**

- Provide self-assessment reports directly to the department or to the independent third-party certification body as part of the audit process, whichever is applicable.

## Section 9 - Independent third-party audit

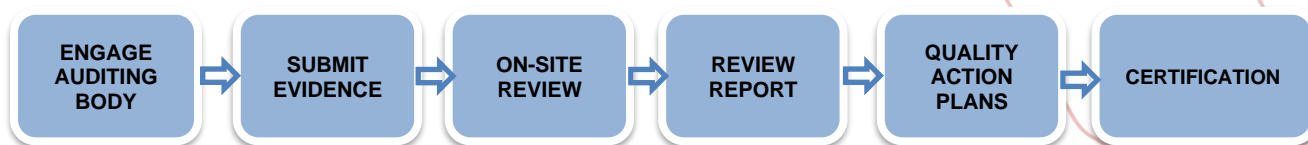
This section provides guidance on undertaking an external, independent, third-party audit.

An independent audit is an examination by a third-party of the extent to which a service provider meets quality and/or industry standards. It allows for independent observation and review of processes and performance, as well as bringing specialist knowledge and skills to guide the service provider development.

Not all providers delivering services under a service agreement with the department are required to undertake an independent audit<sup>2</sup>. For those that are, the audit process should be approached as a partnership with the certification body which, whilst requiring investment of time and other resources, will significantly benefit the service provider.

The service provider should first complete a self-assessment. This forms part of a 'gap analysis', showing where the gaps are between the service provider's current systems and the requirements of the standards. Once gaps have been identified and addressed, the service provider will be ready for independent audit.

Participating in an independent audit first requires the engagement of a certification body. Service providers required to demonstrate compliance with the standards through HSQF certification need to select and contract a JAS-ANZ<sup>3</sup> accredited certification body to undertake their audit. Providers that have undertaken an audit and acquired certification or accreditation through an alternate quality system to the HSQF, may be eligible for recognition of some or all of the accreditation.



### Engage a certification body

#### Action: Select a certification body

- Identify appropriate auditing bodies through JAS-ANZ.
- Select a certification body with consideration of:
  - Costs (assessor fees, report writing, administration and registration, travel and accommodation, out of schedule fees, etc.)
  - Understanding of the provider's sector/industry
  - Reputation and experience
  - Procedures for the on-site review
  - Timeframes and availability.

#### Action: Contract with certification body

- Ensure the proposed audit processes are clearly documented and understood by the service provider.
- Confirm the scope of the audit, including sites, staff, customers and stakeholders to be included.

<sup>2</sup> Refer to the provider's service agreement with the relevant Queensland Government department/s available via their website and the Human Services Quality Framework available from: [www.dcssds.qld.gov.au/our-work/human-services-quality-framework/certification-quality-requirements-resources](http://www.dcssds.qld.gov.au/our-work/human-services-quality-framework/certification-quality-requirements-resources)

<sup>3</sup> The Joint Accreditation System of Australia and New Zealand accredits certification bodies to inspect and certify service providers against quality and industry standards. The list of JAS-ANZ accredited certification bodies is available on our website [www.dcssds.qld.gov.au/our-work/human-services-quality-framework/certification-quality-requirements-resources](http://www.dcssds.qld.gov.au/our-work/human-services-quality-framework/certification-quality-requirements-resources)



- Negotiate and document dates, including for submission of service provider's evidence, on-site review, review report, and response to review report.
- Enter into formal contract with the selected certification body.

## Practice tip: choosing a certification body

- ✓ **Shop around – ask other service providers for referrals and recommendations**
- ✓ **Ask for a fee structure and obtain comparative quotes – you can offer to book and pay directly for auditor travel and accommodation costs as this can be more cost effective than allowing the auditing body to do this.**
- ✓ **Ask for details of the experience and background of auditors and their knowledge of the service types you deliver.**
- ✓ **Ask about what will be included in the audit report as this can be a valuable tool to inform continuous improvement.**
- ✓ **Ask about the ongoing responsibilities and obligations of the auditing body – what is the scope of their work and how can they assist your service improve your quality systems.**
- ✓ **Ask about the audit planning process and how they determine which services and sites will be visited.**
- ✓ **Considering joining with other services in your local area to engage the same auditing body so that you can share travel and accommodation costs for auditors.**

## Submit evidence

### Action: Collate evidence

- Confirm evidence documents required to be submitted to the certification body.
- Evidence documents may include:
  - Self-assessment reports
  - Reports and findings from recent internal or external reviews undertaken
  - Organisation policies and procedures relevant to the quality and/or industry standards
  - Customer and stakeholder feedback reports
  - Quality improvement action plans and progress reports.
- Collate evidence in an accessible format as agreed with the certification body.

### Action: Submit evidence

- Submit evidence as agreed with the certification body.
- Evidence can usually be submitted in electronic format via mail, cloud sharing, or through an online system.
- Confirm all evidence has been received and is accessible.

### Action: Evidence feedback

- The auditors will review evidence to determine readiness for on-site review.
- Where the certification body recommends postponing the on-site review:
  - Recommendations will be given as to what further evidence is required and what other quality processes need to be in place
  - Set a new date for on-site review
  - Service provider is to address recommendations.

- Where the certification body recommends proceeding to on-site review:
  - Confirm dates and processes
  - Start preparing.

## On-site review

### Action: Plan review

- Assign key responsibilities to staff, including on-site review coordinator and liaison with certification body.
- Develop on-site review schedule with certification body.

### Action: Organise interviews

- Identify staff and governing body members to participate in on-site review interviews.
- Invite customers and stakeholders to participate in on-site review interviews.
- Ensure staff, governing body, customers and stakeholders understand the external audit purpose and process and their role.
- Schedule staff, governing body, customer and stakeholder interviews.

### Action: Prepare evidence

- Confirm additional evidence the auditors are required to review.
- Identify additional evidence that supports compliance with quality and/or industry standards.
- Collate and set-up evidence for review.

## Practice tip: On-site review evidence

- ✓ **Observation of procedures, environment and work conditions.**
- ✓ **Customer case files (de-identified or consent provided)**
- ✓ **Formal agreements with stakeholders**
- ✓ **Staff personnel files (de-identified or consent provided)**
- ✓ **Electronic databases**
- ✓ **Electronic file management systems**
- ✓ **Staff, stakeholder, governing body, community meeting minutes**
- ✓ **Data from staff, customer and stakeholder feedback activities**
- ✓ **Records of licenses, permits, WHS inspections, contracts**
- ✓ **Staff, governing body, customer and stakeholder interviews.**

### Action: Host and participate

- Welcome the auditors and facilitate opening meeting where the auditors will confirm the schedule, summarise the on-site review and audit process, and invite questions.
- Facilitate the scheduled activities.
- Facilitate closing meeting where the auditors will summarise initial findings, discuss any areas where compliance has not been met or met in part, summarise follow-up actions required by the service provider and invite questions and feedback.

## Review report

### Action: Review report

- Within the contract stipulated timeframe, the auditors will provide a written report detailing:
  - Ratings against each of the standard's indicators
  - Areas that must be addressed within the next 12 months

- High risk areas that could prevent certification and which must be addressed within the next 3 months
- An overall review decision.
- Service providers are required to respond to the review report within the stipulated time frame, confirming the facts/correctness and any major oversights. The certification body will then provide a copy of the final report to the department. Please note that if there are high risk issues relating to serious concerns such as customer safety, allegations of harm, absence of legislated safeguards or improper use of funding, the certification body will immediately advise the department of the concerns.
- Service providers are responsible for clarifying and understanding the review report and the required actions.

#### **Action: Communicate report**

- Distribute review report to governing body.
- Summarise and communicate report findings to relevant staff, customers and stakeholders.

### Develop quality action plans

#### **Action: Address priorities**

- Implement actions to address identified high-risk areas.
- Provide evidence to the auditors that high risk areas have been addressed.

#### **Action: Develop action plans**

- Develop medium and long-term quality action plans informed by the on-site review report, self-assessment, and identified goals.

### Certification

#### **Action: Certificate award**

- Once the auditor's review report recommending certification is endorsed by the certification body, the service provider will be provided with a certificate acknowledging HSQF compliance.

### Practice tip: Review ratings

Each standard and associated indicator audited is given a rating based on the evidence provided and observed during the on-site review.

**Conformance:** Sometimes referred to as 'Conformity' this rating shows the standard and associated indicators have been addressed and all mandatory evidence requirements are in place.\*

**Non-conformance:** Sometimes referred to as 'Non-conformity' or 'Minor non-conformance'. This rating shows that standard and associated indicators have not been fully addressed, not all mandatory evidence requirements are in place, and/or the outcome is only partly effective.

**Major non-conformity:** Sometimes referred to as 'Major non-conformance'. This rating shows that the standard and associated indicators have not been addressed, there are no mandatory evidence requirements in place, and/or the outcome is ineffective or does not meet legislative requirements.

\* Mandatory evidence includes that which is applicable to all service providers and that which is funding stream or service specific.

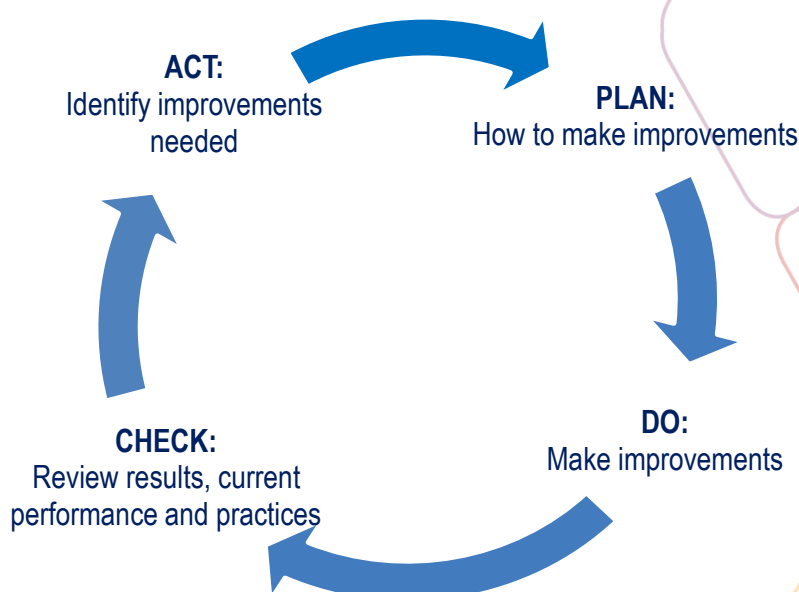
## Section 10 - Maintaining quality and improvement

This section provides an overview of maintaining the implemented quality system continuous improvement.

Quality management does not stop with compliance against the standards. Meeting a set of standards simply establishes that a service provider has met minimum requirements. From here, a service provider should look to maintaining quality through ongoing improvement.

Once quality processes are in place, the service provider can use these processes for ongoing critical reflection and identification of areas for improvement. Service providers need to do this to ensure they are providing the best possible services now and into the future.

The 'Plan, Do, Check, Act' model of continuous improvement applies to all aspects of a provider's service delivery and operations.



### **PLAN:** Action is planned to make improvements

Quality planning incorporates both the broader processes the organisation will undertake in its quality program as well as identifying specific areas and activities for development. For example, a broader process would be to comply with and exceed certain quality/accreditation standards. A specific area and activity may be to review the organisation's workplace relations performance, by seeking feedback from staff, comparing policy and practice with recommended and legislated practice, analysing employee related data (such as retention rates), and sharing experiences with other providers.

Planning addresses the scope, timeframes, responsibilities and resources required to implement quality processes. Quality planning is also when the organisation identifies any standards and/or other indicators which the organisation will measure its performance against; this includes legislation, industry benchmarks, guidelines and accreditation standards.

### **DO:** Actions are implemented and the improvements are made

Once the organisation has identified areas for improvement, actions are to be made to improve services and operations. Actions may include introducing or updating a policy or procedure document, providing new training for staff, implementing new information sharing protocols, or providing a new customer service to improve outcomes.

Implementing actions includes ensuring there are ways to assess the impact and effectiveness of actions, such as monitoring, data collection, and reporting mechanisms.

### **CHECK:** Results from improvements are reviewed, in conjunction with re-assessing current practices and performance

The organisation's activities and performance are to be reviewed in order to assess how well it is working and meeting the needs of customers. Review activities include collecting and analysing feedback from customers, staff, governing body and other stakeholders as well as measuring practice and performance against selected industry benchmarks, guidelines, accreditation standards and legislation.

### **ACT:** In response to the results from previous actions or performance, further improvements are identified and the cycle returns to the 'Plan' step once more

Reviewing performance will identify where practice needs improvement to better meet service or operational needs and/or to meet or exceed standards. These practice improvements now form part of the organisation's quality planning and implementation action.

Part of managing quality and continuous improvement includes maintaining a record of plans for improvements, progress and achievements. These records can be used to provide direction, demonstrate commitment to quality to internal and external stakeholders, and measure success.

## Glossary

**Audit:** Sometimes referred to as an 'assessment'. Examination of a service provider's data and processes to determine performance against criteria, specific procedures or standards. An audit/assessment is undertaken by a JAS-ANZ accredited independent third-party certification body (external audit).

**Certification:** Confirmation by an accredited certification body that a service provider meets all requirements of a set of standards and/or quality program.

**Comply/compliance:** Meeting and/or fulfilling official requirements, particularly in relation to government and industry legislation, regulation and standards.

**Continuous improvement/quality improvement:** Ongoing review and adaptation to improve services, processes or products. Improvements may be incremental over time and/or significant stand-alone advancements.

**Criteria:** Specific requirements that need to be met.

**Customer:** Sometimes referred to as 'clients' or 'people using/accessing services.' People who access or use services of the service provider organisation.

**Data:** Information collected for use in planning, decision making or evaluation. This may include statistical information about service use, feedback from people, reviews of processes and systems or information in existing documentation.

**Evaluation:** A formal process of assessing how successful an activity, program or plan has been.

**Evidence:** Documents, reports and other information that demonstrates compliance or performance.

**Governance:** Rules and structures that set out how service providers, groups and communities collectively organise and manage themselves. Some rules and structures may be legislated or mandatory while some will be adopted by choice by the governing body.

**Governing body:** The group of people accountable and legally responsible for governance of the service provider organisation (usually a Board of Directors or members of a management committee).

**Independent third-party audits:** Review and assessment of the extent to which the service provider meets quality and/or industry standards, undertaken by reviewers/auditors from an accredited certification body.

**Monitor:** To regularly check, supervise, critically observe, or record progress of an activity, action or system to identify change over time.

**Objectives:** Results or outcomes an organisation plans to achieve; sometimes referred to as goals or aims, but more specific than broad aims.

**On-site review:** Part of an external audit where the contracted certification body reviews the service provider's data and processes at the service provider's premises and service delivery sites (also known as an on-site audit).

**Organisation culture:** A system of shared assumptions, values, and beliefs expressed through behaviours, customs and practices of people within the service provider organisation.

**Policy:** Concise formal statements which outline what the service provider adheres to and aims to achieve on particular matters.

**Procedure:** Details and steps of how a service provider policy is to be applied and achieved.

**Qualitative:** Relating to the quality of something (rather than its quantity).

**Quality:** The standard of a service, process or product.

**Quality management:** Processes for maintaining and improving desired levels of service delivery and operational standards. The intent of quality management for the service provider in working towards its strategic goals is to provide the best possible experience and outcomes for customers, staff, governing body members, and other stakeholders.

**Quantitative:** Relating to a quality measure or number of something – how many, how long, times.

**Risk:** The chance of something happening that will have an adverse impact on a service providers' objectives. Risk is measured in terms of likelihood and consequences.

**Risk management:** Ongoing identification, analysis, assessment and control or elimination of organisation risks.

**Staff:** People employed by the organisation to undertake defined roles and responsibilities; may include both paid personnel (employees) and unpaid personnel (volunteers).

**Stakeholders:** Any person internal or external to the organisation (such as staff, family members/carers, advocates service provider or organisation) with an interest in the performance or operations of a service provider organisation.

**Standards** (industry or service standards): Specific procedures or outcomes that service providers can follow to meet requirements or implement good practice within an industry area.

**Strategy/strategic direction:** Planned course of action based on an analysis of the service provider's operating environment and internal resources.

**Verification:** Checking of evidence to ascertain compliance.

**WHS:** Workplace health and safety.