

# Quality Framework



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## 1. Introduction

The Board of Directors and staff are committed to developing a quality and safety culture which ensures that the services Wesley provides are: client centred, flexible, and culturally appropriate; effective and concentrated on delivering the best possible outcomes for clients; delivered by competent and skilled staff who have a focus on reflective practice; compliant with legislation and are innovative and driven by best practice approaches.

## 2. Overview of the Quality Framework

This document outlines the quality framework and the key elements essential to embedding an effective quality management system within Wesley. This framework is built on the Safety and Quality Improvement Framework for Victoria's Health Services<sup>i</sup>. The key elements of the Framework align with quality standards across the various community programs Wesley provides. It defines the roles of the Board of Directors and staff in quality and safety, and describes the systems and practices for effective monitoring, management and improvement of our services.

Implicit in a Quality Framework is the integration of risk management. This document sits alongside the Wesley Risk Framework which describes our approach to identifying and managing risks across the organisation. The data captured and processes implemented to identify and mitigate risks are integral to ensuring service and care quality is maintained and improved.

For the purposes of this framework, quality care is defined as “the extent to which a community service program or product produces the desired outcome”.<sup>ii</sup>

## 3. The Key Elements of the Quality Framework



**Figure 1 Quality Framework**

### **3.1 Governance, Leadership and Culture**

Effective governance and strong leadership is the foundation of a successful quality program. The key principles include:

- nurturing a culture of openness, transparency and cooperation
- leading a culture of continuous improvement
- establishing rigorous monitoring, reporting and response systems
- evaluating and responding to key aspects of organisational performance

#### **3.1.1 Strategic Planning**

Wesley's Strategic Plan sets the future direction for the organisation and guides the work of management in developing annual operational business plans and budgets. These plans determine the specific strategic quality objectives each year with agreed goals and anticipated outcomes. Progress on the implementation of these plans is monitored by the Board and the Executive on a quarterly basis.

#### **3.1.2 Accountability and Responsibilities**

The Board, Executive and staff have clear responsibilities in optimising Wesley's performance and maintaining quality and safe services.

##### **3.1.2.1 Board of Directors**

In line with Wesley's Corporate Governance Principles Wesley's Board of Directors is responsible for:

- Approving the strategic direction of Wesley
- Approving the quality / risk management frameworks and monitoring the effectiveness
- Monitor the integrity of internal controls and reporting systems
- Reviewing, ratifying and monitoring systems of quality, risk management, codes of conduct and legislative compliance
- Approving and monitoring Wesley's finances

##### **3.1.2.2 Chief Executive Officer**

The CEO is accountable to the Board and responsible for:

- Managing and promoting the effective delivery of services and development of Wesley Mission Victoria's primary objective of enhancing long term client value and outcomes
- Ensuring the Executive Leadership team are implementing the Operational Plan in order to operationalise the Strategic Plan
- Ensuring Wesley maintains effective communication and cooperation with other stakeholder and partner organisations who support Wesley's client base
- Leading a planned approach to quality and monitoring performance
- Promoting an organisational environment in which safety and quality are reviewed and improved through effective planning, leadership, reporting and evaluation strategies

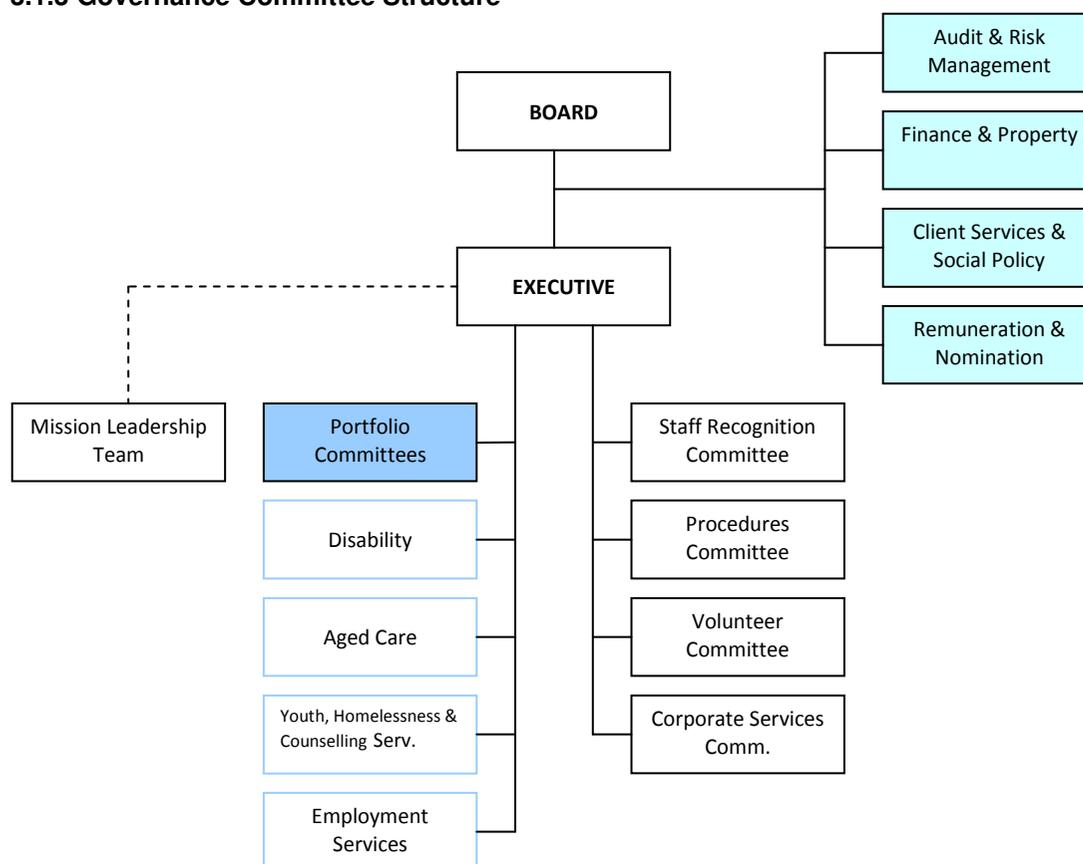
### **3.1.2.3 Executive Management and Senior Managers**

- Providing leadership for the effective implementation of appropriate systems and a culture of continuous quality improvement that is client and outcome focused.
- Enabling the development of a robust quality framework system to reduce and manage risk
- Providing an environment that enables systematic working practices
- Providing an appropriate number of staff with knowledge and skills to conduct their work in an efficient and effective manner to meet client needs
- Enabling and encouraging staff with ongoing training and development
- Providing adequate and appropriate resources including equipment and maintenance
- Providing staff with a safe and equitable work environment
- Fostering a culture which does not blame, but rather seeks to solve problems
- Monitoring performance against agreed targets, budgets and key performance indicators
- Providing data and information to the Board and monitoring committees relevant to their role, to funding bodies and other relevant organisations as appropriate
- Implementing efficient and effective communication strategies to ensure staff and clients are well informed
- Benchmarking against like organisations to ensure the implementation of best practice approach
- Collaborating with community organisations to develop and maintain networks
- Supporting research and a culture of change and best practice

### **3.1.2.4 Staff**

- Providing service, care and support to clients as outlined in position descriptions
- Activating Wesley's values of Hope, Compassion and Justice and a culture of continuous improvement and best practice
- Participating in the development, implementation and evaluation of quality and safety plans, systems and activities
- Delivering support and services according to the appropriate service standards and the organisation policies and procedures
- Achieving agreed program and individual targets and key performance indicators
- Maintaining and increasing knowledge and skills
- Keeping informed through attendance to meetings, Wesley's Intranet and staff notice boards
- Fostering collaboration and team work within and across programs and services

### 3.1.3 Governance Committee Structure



#### 3.1.3.1 Board Committees

The Client Services and Social Policy Committee and the Audit and Risk Management Committee are responsible for overseeing the quality and safety planning, monitoring and evaluation role on behalf of the Board. These committees report quality and safety issues and activities reported by the Executive through to the Board of Directors.

#### 3.1.3.2 Executive Management Committee

The Executive Management Committee reports to the Board and has overall responsibility for ensuring the delivery of quality and safety across the organisation. The Safety Review Committee is to be conducted as part of this Executive Management Meeting on a quarterly basis. The Committee will receive quarterly reports from the Portfolio Occupational Health and Safety Committees. The primary function is to oversee the maintenance of Wesley's Risk and Compliance Registers.

#### 3.1.3.3 Portfolio Committees

WMV has four established Portfolio Committees:

- Children Youth & Family Services, Homelessness and Lifeline

- Disability Services
- Aged Care
- Employment Services

The Portfolio Committees, chaired by the Executive Managers and report to the Executive Committee on a monthly basis. These committees are responsible for ensuring consistency of procedures across programs, best practice approaches in service delivery and monitoring and reporting quality and safety activities.

The Portfolio Occupational Health and Safety Committees receive reports from program and site OH&S meetings. The Portfolio Committee are responsible for monitoring and analysing staff/client incidents, near misses, hazards, and Occupational Health and Safety reports; identifying risk trends; and initiating and monitoring risk plans.

#### **3.1.3.4 Procedures Committee**

The Procedures Committee meets monthly and is responsible for ensuring policies, procedures and supporting documentation meet the appropriate standards, best practice guidelines and legislative requirements.

#### **3.1.3.5 Volunteer Committee**

The Volunteer Committee meets bi monthly and is responsible for monitoring and developing best practice approaches to supporting volunteers and the services they deliver to clients.

#### **3.1.3.6 Corporate Services Committee**

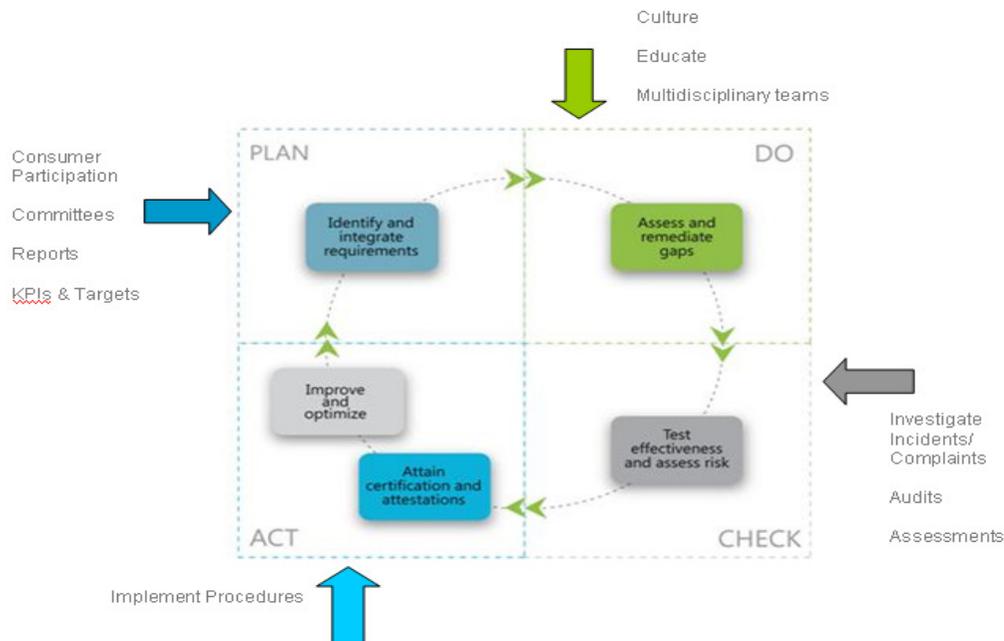
The Corporate Services Committee meets monthly and reports to the Executive Committee. It is responsible for ensuring administrative practices are integrated, efficient and effective across the organisation.

### **3.1.4 Leading a Culture of Continuous Improvement**

The Board and senior managers lead the culture of improvement where: policies and procedures are endorsed and implemented such as consumer involvement, identifying, analysing and learning from problems; and data is collected and utilised to inform change.

Demings Cycle for continuous improvement shapes the way we do business and multidisciplinary staff teams are utilised to change processes and systems. This work is linked into appropriate governance structures to ensure the outcomes are endorsed and implemented.

## Demings Cycle. Model for Continuous Improvement



### 3.2 Consumer Participation

Consumer involvement is paramount to providing high quality services and achieving client outcomes. Our role is to provide systems that proactively engage and listen to clients, families, advocates, service users and the public; acknowledge the rights of consumers to be involved in organisational decisions that impact on them; and to respect their experience of the services they receive and their ability to shape future service development delivery.

Strengthening consumer involvement is a key focus for 2011 – 2012. Client feedback is gathered through a range of mechanisms, including program evaluations, complaints system, resident/client advisory meetings and committees, family meetings and client surveys.

Wesley's Evaluation Framework includes three different forms of evaluative activity including:

- Full-scale participatory evaluations through collaboration between researchers, service providers and service users and families, where the role of consumers is both in providing feedback on the service they receive, and in guiding the questions the evaluation responds to.
- Standard evaluations collecting data from consumers about their experiences with Wesley, such as client satisfaction surveys.
- Evidence Informed Practice (EiP 101) focusing on the identification and measurement of client outcomes, where staff and consumers identify outcomes which can then be measured and used as the basis for program and practice improvement.

#### 3.2.1 Complaints, Compliments and Suggestions

Complaints, Compliments and Suggestions are utilised as feedback to inform practice and process change. Aggregate reports are provided to the Portfolio Managers meetings where

systems issues are identified and action plans implemented. Quarterly reports are provided to the Executive and the Client Services and Advocacy Committee. The Annual Complaints Reporting (ACR) tool captures complaints related to Disability Services. An annual report is provided to the Disability Services Commissioner (July each year).

### **3.3 Competence and Education**

Assessing, achieving and maintaining a high level of staff competence at all levels to ensure the safe and effective delivery of services and care is both a corporate and personal responsibility. The Workforce Development Plan pays close attention to recruitment and retention strategies. Elements include:

- access to continuing education
- supervision
- regular performance appraisals
- peer support

Program Managers undertake a mandatory 3 module in-house Manager Training Program and also have access to a coaching program.

Position descriptions include the requirement of staff to attend mandatory training and essential and preferred qualifications to ensure staff have appropriate knowledge and skills to perform their duties.

The Learning and Development Co-ordinator in collaboration with program managers develops a calendar of training targeted to the specific needs of the staff in the various programs.

The Research and Social Policy Unit Evaluation Framework activities (see p. 7) provides service delivery staff and managers with an opportunity to review evidence relating to client outcomes. This engagement with and reflection on program and outcomes data provides the opportunity for learning and is a key vehicle for practice and quality improvement.

### **3.4 Information Management and Reporting**

Access to timely and appropriate information assists the Board, Executive and staff assess and monitor performance, make timely decisions, identify areas of risk, and inform the strategic priorities of the quality and safety program. Wesley captures and reports both qualitative and quantitative data including:

- Compliance reports
- Risk assessment and management reports
- Financial reports
- Program and services activity reports
- Program evaluations and review reports
- Internal audit reports
- Certification/Accreditation Reviews
- Workforce and OH&S reports
- Operational Service key performance indicators – incidents, complaints, suggestions and compliments, client and staff satisfaction survey results

- Advocacy/research reports
- WMV Performance Monitoring Framework.

### **3.4.1 Key Performance Indicators**

A minimum data set including key Performance Indicators has been developed to provide an overview of quality reports and activities that will be reported to the Board and the Executive each year. This tool clearly delineates the Executive Sponsor the frequency and timelines for reporting. It assists the Executive Sponsors in planning their reporting activities and provides a practical checklist for both the Board and the Executive.

## **3.5 Safety and Compliance**

The Executive are responsible for ensuring there is an appropriate infrastructure, sufficient resources and rigorous systems in place to ensure a safe environment for both clients and staff. The key to this having clear, current and accessible policies and procedures; monitoring and managing risks and ensuring compliance with service standards and legislation.

### **3.5.1 Policies and Procedures**

Wesley Policies and Procedures define the systems and processes under which the staff and volunteers operate. The Quality Risk and Compliance Unit (QR&C) have a centralised document control process in place including Document Registers to manage and oversee the development, review, approval and distribution of Policies, Procedure, Forms, Manuals, and Work Instructions. These documents are available electronically in the Document Centre via the intranet. Specific programs hold hardcopies of Work Instruction Manuals. The Quality Risk and Compliance Unit maintains a hard copy of all documents.

#### **3.5.1.1 Management of Policies and Procedures**

- A Policy and Procedure Check List is completed prior to the initiation or review of a procedure, work instruction or form.
- A system is in place to ensure the appropriate stakeholders are involved in the development or review of the documentation.
- A system is in place to ensure the Executive and the Portfolio Committees review policies and procedures appropriate to the group approximately every 2 years.
- Documents are reviewed and updated in relation to: legislation changes; research and best practice findings; or changes to systems or organisational structures.
- The Procedures Committee reviews documents prior to approval by the Executive Committee. WMV currently has thirteen key policies which require Board approval.
- Tools and forms are linked to appropriate procedures.

### **3.5.2 Incident Reporting**

Data on client and staff incidents is analysed and utilised to identify system gaps or issues. The overall system includes the capture of incidents, meeting funding bodies reporting requirements, trending incidents to reduce recurrence and inform systems change. It includes:

- DHS Critical Incident Reporting for DHS funded programs such as Disability, Child Youth and Family and Homelessness Services. These incidents are categorised by the Program Manager and reported to DHS within their guidelines.
- Non DHS funded programs such as Aged Care, Social Enterprises, Employment Services and Lifeline report incidents via the WMV Incident Report Form.
- Detailed reports of Category 1 Incidents are reported to the Executive and Client Services and Social Policy Committee. A data base is being developed to trend and produce reports on all client incidents. These reports will provide the opportunity for analysis and action on systems issues identified. The Executive reviews summary reports.
- Incidents involving staff and Hazards and Near Miss reports are forwarded to the OH&S Advisor for analysis and trending. Detailed reports are provided to the Safety Review Committee for evaluation and action plans. The Executive and the Board review summary reports.

### **3.5.3 Risk Management and Compliance**

The Risk Management Framework outlines the culture, processes and structures directed towards the effective management of potential opportunities and adverse effects.

The Compliance Framework has been established to ensure WMV complies with all applicable legislation, statutory and regulatory requirements, reporting obligations, guidelines, codes of conduct, and internal policies. The organisation is responsible for systematically identifying, analysing, treating, monitoring and communicating compliance associated with any activity, function or process. To support this WMV operates Advent ManagR™, an integrated web based program which allows registration of both corporate and site specific risks and compliance obligations. This tool provides a mechanism for managing and monitoring risk and compliance across the organisation. Risk controls are reviewed on an annual basis by management reviews and the audit process.

### **3.5.4 Internal and External Audits**

- Wesley Mission Victoria undergoes annual review by an external provider to ensure certification to ISO 9001:2008 Quality Management System and AS/NZS4801 Safety Management Systems.
- A Strategic Internal Audit Plan is in place. These reviews are: conducted by an external provider; based on WMV risk assessment; driven by the Audit and Risk Committee and conducted over a three year cycle. Four to five audits are conducted annually.
- An internal auditing system driven by the QR&C unit operates across programs. A staffing pool of auditors is being established to audit key risk areas. This provides us with a further method to monitor risks and review compliance to standards.

### **3.5.6 Certifications/Accreditations**

Each Portfolio group participates in an external review process to ensure the services provided meet the appropriate standards. To support this and to embed a culture of continuous improvement all programs undergo an internal self assessment to identify gaps.

Each program then develops and improvement plan which forms the basis for the external review.

The external reviews are usually conducted over a three year cycle. The following table indicates the services provided by Wesley under each Portfolio Group and the standards and the accrediting body undertaking the audits.

<b>Disability Services Portfolio Group</b>	<b>Location</b>	<b>Standards and Accrediting Body</b>
<ul style="list-style-type: none"> <li>• Pathways to Employment</li> <li>• Kids Under Kanvas Recreational Respite</li> <li>• Futures for Young Adults</li> <li>• Shared Supported Accommodation</li> <li>• Respite Service</li> <li>• Shared Supported Holidays</li> <li>• Connecting Communities</li> <li>• Connect South</li> <li>• Community Access Planning</li> <li>• Neurological Support Service</li> <li>• Individual Support Package Facilitation</li> <li>• Homeshare</li> <li>• Fire &amp; Clay</li> </ul>	<ul style="list-style-type: none"> <li>• Nth/West</li> <li>• Nth/West, South, East</li> <li>• Nth/West</li> <li>• East, South</li> <li>• South</li> <li>• East, South</li> <li>• South</li> <li>• South</li> <li>• East</li> <li>• East</li> <li>• South</li> <li>• South</li> <li>• East</li> </ul>	Disability Standards (Health and Disability Auditing Australia (HDAA). An independent body approved by the Disability Commissioner for all Residential Disability Services
<b>Aged Care Portfolio Group</b>		
<ul style="list-style-type: none"> <li>• Linlithgow</li> <li>• Do Care Social Support</li> <li>• Home Share</li> <li>• Wesley Aged Care Housing Service</li> <li>• Irving Benson Court</li> <li>• Wesley Gilgunya</li> <li>• Community Aged Care Packages</li> <li>• St Marks Support Services</li> <li>• Melba</li> </ul>	<ul style="list-style-type: none"> <li>Nth/West</li> <li>Nth/West, East, South</li> <li>South</li> <li>Nth/West</li> <li>Nth/West</li> <li>Nth/West</li> <li>Nth/West</li> <li>East</li> <li>East</li> </ul>	<p>Aged Care Standards and Accreditation Agency (ACSAA): An independent body as per Aged Care Act for all Residential Aged Care Services.</p> <p>Accreditation also occurs as per Department of Health and Ageing Common Standards for Wesley's provision of Community Aged Care Packages and National Respite Carers Program</p>
<b>Child Youth &amp; Family Services/Life Line</b>		
<b>Homelessness Portfolio Group</b>		
<p><b>Child Youth &amp; Family Services</b></p> <ul style="list-style-type: none"> <li>• Residential Services</li> <li>• Client Placement Support Service</li> <li>• Adolescent Support Service</li> <li>• Lead Tenant</li> <li>• Home Based Care (foster care)</li> <li>• Leaving Care Support</li> <li>• Kinship</li> </ul>	<ul style="list-style-type: none"> <li>• East, South, Nth/West</li> <li>• East</li> <li>• East</li> <li>• East</li> <li>• East, South</li> <li>• East</li> </ul>	CSO Standards



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<sup>i</sup> Victorian Department of Human Services July 2005 Better Quality, Better Health Care. A Safety and Quality Improvement Framework for Victorian Health Services. Metropolitan Health & Aged Care Division Victorian Government

<sup>ii</sup> Australian Council for Safety and Quality in Health Care, 2001, 1<sup>st</sup> National Report on Patient Safety, Canberra