

[insert organisation name/logo]

Policy Development & Review Policy

Document Status: Draft or Final

Date Issued: [date]

Lead Author: [name and position]

Approved by: [insert organisation name] Board of Directors on
[date]

Scheduled Review Date: [date]

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified
- Additional knowledge or information has become available to supplement the policy.
- External factors
 - Policy is no longer relevant/current due to changes in external operating environment.
 - There are changes to laws, regulations, terminology and/or government policy.
 - Changes to funding environment, including requirements of funding bod(y)ies
- Other (please specify).
- Internal / organisational factors
 - A stakeholder has identified a need, eg by email, telephone etc
 - A serious or critical incident has occurred, requiring an urgent review.
 - Need for consistency in service delivery across programs and organisations.
 - Separate, stand-alone policy is now warranted
 - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future

Additional Comments

[for example, policy now covers details related to new legislation].

Policy Development and Review Policy

1. Purpose and scope

The purpose of this policy is to provide guidance to **[insert organisation name]** in developing, implementing and reviewing operational policy, procedures and supporting documents.

This policy applies to all board members and employees of **[insert organisation name]**.

This policy provides guidance to all staff, volunteers, students, and the Board of Directors. It encompasses but is not limited to, how to identify the need for a policy and the steps to be undertaken in developing, implementing and reviewing policy and procedures.

This policy does not provide guidance on the content of individual policies and procedures or replace the need for inclusion and consultation of stakeholders in Policy Development and Review.

It may be necessary to review procedures more frequently than policies, due to the need for operational precision and to ensure that they accurately reflect the dynamic nature of the work undertaken by the organisation.

2. Definitions

Policy is a concise formal statement or framework outlining what **[insert organisation name]** adheres to and aims to achieve. Policies are principles, rules, and guidelines formulated or adopted by an organisation, so it can attain its long-term goals. They are typically published in a manual or booklet or other form that is widely accessible such as being available on line.

A procedure is the detail of how a **[insert organisation name]** policy is to be achieved. Procedures are the specific methods employed to express policies in actioning the day-to-day operations of the organisation.

Together, policies and procedures ensure that the perspective of the governing body of an organisation as outlined in its Mission and Values Statement is translated into steps that result in outcomes compatible with that view. Policies and procedures are designed to impact on all major decisions and actions, and all activities take place within the boundaries set by them. The work being achieved and decisions made by the organisation should be reflected in the procedures and may be used as an accountability tool if the need arises. It should be noted that an

organisation or its representatives may act outside a procedure or guidelines however decision making should be in line with the policies, values and mission of an organisation.

Supporting documents are tools that support consistency in implementing policy and procedures, e.g. templates, forms, checklists. Written information may be attached to agreements, financial statements, offers, proposals, etc., to provide backup and depth to agreed-upon or discussed items.

3. Principles

Policies and procedures may be informed by legal and regulatory requirements, industry standards, and **[insert organisation name]**'s guiding principles, Mission and Values statement, and strategic and operational plans.

Policies and procedures guide best practice (rather than practice driving policies) and should be used when a decision outside of the scope of standard practice is required.

Policies and procedures are written in plain English to ensure that all relevant parties (staff, volunteers, etc.) are able to apply them in their various capacities. Policies and procedures are the responsibility of all parties to ensure they are applied, reviewed and reflect current practice.

Policies and procedures reflect recovery principles including the need for maximum consumer autonomy, shared decision making with consumers when applicable, minimal use of clinical language, flexibility, and an approach where a person's identity is not defined merely by a mental illness.

Policies and procedures are relevant, available and accessible to all people who may have an interest in, or be affected by, them.

Policies and procedures are the basis of **[insert organisation name]**'s quality program, and as such are subject to continuous review and improvement.

4. Outcomes

[insert organisation name]'s operations are supported by relevant and consistent policies, procedures and supporting documents.

[insert organisation name] policies and procedures consider their relationship to, and impact on, consumers, carers, other stakeholders, staff and the Board of Directors. It is intended that the organisation develops rigorous but pragmatic methods for developing and measuring the qualitative and quantitative difference

that the planned interventions make to the end users. These may be changes in the health status of an individual, group or population.

The interventions may include government policies and consequent programmes, laws and regulations, standards, the provision of clinical and non clinical services and other programmes, such as those addressing health promotion. It may also include unintended outcomes of government policies in sectors other than mental health, for example, non smoking programs or those focusing on physical health or family mediation.

All staff and the Board of Directors understand their roles and responsibilities in relation to policy development, implementation and review. Volunteers are orientated to relevant policy and procedures as part of standard induction.

Policy and procedures are easily accessible by all relevant parties when required. This may be in both a hard copy and electronic format.

5. Functions and Delegations

Position	Delegation/Task
Board of Directors	Endorse Policy Development and Review Policy.
Management	Compliance with Policy Development and Review Policy.
Staff	Compliance with Policy Development and Review Policy.
Volunteers Student Placements	Compliance with relevant policies and procedures as advised by the supervisor.
External stakeholders	Provide feedback from other perspectives

6. Risk Management

Policy and procedures is a standing agenda item for **[insert organisation name]** staff meetings to discuss any relevant issues or to highlight any changes to current practice as decided in policy, procedures or supporting documentation.

When reviewing **[insert organisation name]** policies and procedures, consideration is given to this Policy Development and Review Policy to reflect changes in policy and procedure templates.

7. Policy Implementation

This policy is developed in consultation with all employees and approved by the Board of Directors.

All employees are responsible for understanding and adhering to this policy. Volunteers are aware of relevant policy and procedures as they apply to their work within the organisation.

8. Policy Detail

[insert organisation name] develops, implements and reviews policies and procedures with the aim of providing a framework for management of the organisation. Policies and procedures provide clarity in roles, responsibilities and rationale for consumers, carers, Board members, staff, and stakeholders in how business is carried out.

8.1 Identifying the Need for Policy Development and/or Review

The need for a policy can be identified by any **[insert organisation name]** employee, consumer, carer, Board member, volunteers, other stakeholder.

Triggers for development of a new, and/or review of an existing, policy and/or procedure may include:

1. Standard review is timetabled.
2. A gap has been identified (*eg through strategic planning*)
3. Additional knowledge or information has become available to supplement the policy (*eg research results*)
4. External factors:
 - Policy is no longer relevant/current due to changes in external operating environment.
 - There are changes to laws, regulations, terminology and/or government policy.
 - Changes to funding environment, including requirements of funding bod(y)ies
5. Internal / organisational factors
 - A stakeholder has identified a need, eg by email, telephone etc
 - A serious or critical incident has occurred, requiring an urgent review.
 - Need for consistency in service delivery across programs and organisations.
 - Separate, stand-alone policy is now warranted
 - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future
6. Other reasons which are specified when a policy is developed / reviewed.

[insert organisation name] has mechanisms in place that allow for the spontaneous expression of the need for change in or review of a policy, for example, Service improvement forms, or web based input. Once a policy need is identified, preliminary consideration is given to why the policy is needed, who it will affect, and the relationship with other policies. There will also be a way of indicating relative priority for the review.

A lead author (may also be known as the /person initiating is identified based on the best fit with the person's role, skill and capacity. They are responsible for undertaking the policy research and analysis, preparation of drafts, consultation and final writing of the documents developed in consultation with relevant stakeholder(s) who will be affected by the policy/procedure.

The lead author may involve consumers, carers, other stakeholders, staff or volunteers to develop the policy as a team.

8.2 Research and Analysis

The lead author undertakes research on the policy topic to inform the development of the specific policy. Issues for consideration include:

- Compliance with external regulations, legislation and statutes
- Identification of best practice guides and standards
- Current research
- Other relevant factors in the external environment
- Alignment with **[insert organisation name]** strategic plan
- General content of the policy
- Impact on current operational procedures, including resource allocation
- Identification of accompanying procedures and other supporting documents
- Likely policy implementation needs
- Matters to be addressed to support policy implementation.
- Risk assessment to identify if a policy/procedure is required to address a critical incident or near miss.

8.3 Preparation of Draft Policies and Procedures

The lead author is to prepare draft policies and procedures based on initial considerations, findings from research undertaken, and the identified desired practice.

All **[insert organisation name]** policies and procedures use the Policy Template and the Procedure Template.

8.4 Consultation

All draft policies, procedures and supporting documents are made available to staff, consumers and carers, providing opportunity for a range of input, depending on how the policy and procedure is likely to impact on them.

Sufficient time is allowed for staff, consumers and carers to provide comment on the draft documents.

Consumers and carers are actively involved in the development of **[insert organisation name]** policies, for example, by the existence of service user participation committees. These may include, (but are not limited to):

- Abuse, & Neglect
- Collaborative and respectful relationships
- Dignity of Risk
- Family & Carers
- Feedback & Complaints
- Health & Medical
- Individual Supports
- Informed Decision Making
- Integration of service delivery
- Medication
- Participation
- Privacy & Confidentiality
- Promotion & Prevention
- Recovery, strengths based orientation
- Service Entry
- Service Exit and Re-Entry
- Service Coordination
- Valued Status
- Wholistic approaches to management of mental health

All comments are to be assessed and acknowledged by the lead author. It may be appropriate to provide feedback to staff, consumers and carers who have made comments on how their comments have been considered in the revised/final document.

Consultation with staff, consumers and carers starts with communication and knowledge regarding the proposed policy. It is also essential that an informed, proactive, problem solving approach underpins this.

Successful policy implementation is more likely if there has been staff, consumer and carer engagement and policies and procedures are relevant.

8.5 Preparation of Final Draft

Incorporating staff comments and suggestions and any new information that arises, the lead author is to prepare final draft policies, procedures and supporting documents. If there has been significant change to the policy intent and content, second consultation with staff is recommended. If changes to content have been less significant, the final draft policy is considered ready for review and endorsement by the Board of Directors.

8.6 Endorsement

All **[insert organisation name]** policies are to be reviewed and endorsed by the Board of Directors at a full Board of Directors meeting. Final drafts of policies are to be provided to Board members ahead of the scheduled Board meeting, allowing sufficient time for review before endorsement at the Board meeting. Where significant changes are to be made to the policy at the recommendation of the Board, the final draft policy may be endorsed by the Board out of session.

The CEO/Manager or their nominee is responsible for liaising with the Board for the purpose of policy review and endorsement.

Whilst procedures and other supporting documents are not required to be endorsed by the Board of Directors, they are considered 'draft' until the related policy has been endorsed.

8.7 Implementation

Once the policy has been endorsed by the Board of Directors, the lead author is to complete the front page of the policy with details of approval date, date of issue and date for review. Related procedures and supporting documents are to be made final.

The **[insert position]** will ensure that these final policies, procedures and supporting documents are to be:

- forwarded to all staff via email
- noted at the next staff meeting
- added to the **[insert organisation name]** electronic records (xxx drive).

The staff meeting provides an opportunity to raise any policy implementation issues not previously addressed.

8.8 Review

All policies, procedures and supporting documents are subject to a cycle of review as identified on both the policy itself and in the Policy Review Schedule. Policies may be reviewed outside these identified schedules as required.

Circumstances which may lead to a policy being reviewed outside the identified schedule are consistent with those listed in **8.1** of this policy.

There is regular, scheduled **[insert time frame]** review of **[insert organisation name]** policies with consumers and carers, including (but not limited to) those listed under **8.4** in this policy.

8.9 Key Considerations

8.9.1 Alignment with Organisational Plans

Policies and procedures must align with **[insert organisation name]** strategic/operational/business plans.

8.9.2 Use of Plain English

All operational policies, procedures and supporting documents are to be written in plain English. Guidance on the use of plain English is available from The Plain English Campaign. It is important to ensure that the tone is inclusive, not overly medicalised or focused on deficits. It should also model recovery principles with a focus on hope, maximum self-efficacy, and an orientation towards strengths. Should terminology/jargon be used/required, a clear plain English definition should be included within the body of the document.

8.9.3 Copyright

All operational policies, procedures and supporting documents acknowledge any source material used in their development and contain no copyright material without express written consent of the copyright owner.

8.9.4 Policy to Lead Practice

The intent of **[insert organisation name]** operational policies, procedures and supporting documents is to guide best practice, rather than practice driving policy. **[insert organisation name]**'s practice is evolving and dynamic and responds to the changing population and demographic it serves. The purpose of policies and

procedures are to underpin the work achieved by **[insert organisation name]** and ensure accountability across services.

8.10 Storage of Policy Documents

Finalised operational policies, procedures and supporting documents are forwarded to all staff. Finalised documents should be forwarded in a pdf format to ensure that they cannot be altered at any stage. Electronic copies are to be stored in the **[insert location of hard drive]**.

Any old or outdated policies and procedures are to be stored in the relevant archive folder on a secure drive. Archives should be accessible if an issue arises and which policies and procedures of the day need to be reviewed in line with the issue response.

A hard copy of current operational policies, procedures and supporting documents is kept in the **[insert organisation name]** Policy and Procedure folder on the **[insert location]**. All staff, board members, volunteers are orientated to their location and storage.

9. References

9.1 Internal

Integration Policy
Participation Policy
Policy Review Schedule
Policy Template
Procedure Template

9.2 External

Legislation

Associations Incorporation Act 2009 (NSW)
Co-operatives Act 1982 (NSW)
Corporations Act 2001 (Commonwealth)
Community Services (Complaints, Appeals and Monitoring) Act 1993 (NSW)
Health Records and Information Privacy Act 2002 (NSW)
Mental Health Act (NSW) 2007
Privacy Act 1988 (Cth)
Privacy and Personal Information Protection Act 1998 (NSW)

Resources

The Plain English Campaign webpage

www.plainenglish.co.uk

University of Western Sydney webpage
Policy, Procedure and Guideline Development
www.policies.uws.edu.au

Commonwealth of Australia, 2002, *Style manual for authors, editors and printers*, 6th edition, revised. Brisbane, John Wiley & Sons Australia.

This policy is adapted from the NADA Policy Development Policy.

http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44

9.3 Quality and Accreditation Standards

EQuIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 3.1: The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.

Criterion 3.1.5: Documented clinical and corporate policies assist the organisation to provide quality care.

EQuIP5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 3.1: The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.

Criterion 3.1.5: Documented corporate and clinical policies and procedures assist the organisation to provide quality, safe health care.

Health and Community Service Standards (6th edition) – Quality Improvement Council

Provided by Quality Management Services (QMS)

Standard 1.2: The organisation has effective and responsive management systems to enable and coordinate achievement of the organisation's mission, values, goals and service priorities.

Evidence Question: What is the evidence that:

f) there is a system for developing, mandating, implementing and reviewing policies and procedures?

9.4 National Mental Health Standards

Criterion 7.14 The MHS actively seeks participation of carers in policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

N/A

9.6 NSW Disability Services Standards (DSS)

1.4: The service provider's entry and exit policies are reviewed regularly with service users.

2.6: The service provider's policies and procedures on planned approaches to meeting individual needs are reviewed regularly with service users.

3.6: The service provider's policies and procedures to maximise service user participation in decision making are reviewed regularly with service users.

4.8: The service provider's policies and procedures for protecting service users' privacy, dignity and confidentiality are reviewed regularly with service users.

7.6: The service provider's policies and procedures on service users' complaints and disputes are reviewed regularly with service users.

9.5: The service provider's policies and procedures on promoting the maintenance of family relationships are reviewed regularly with service users.

10.3: Service users must have full participation in the establishment and review of procedures for reporting and responding to abuse.