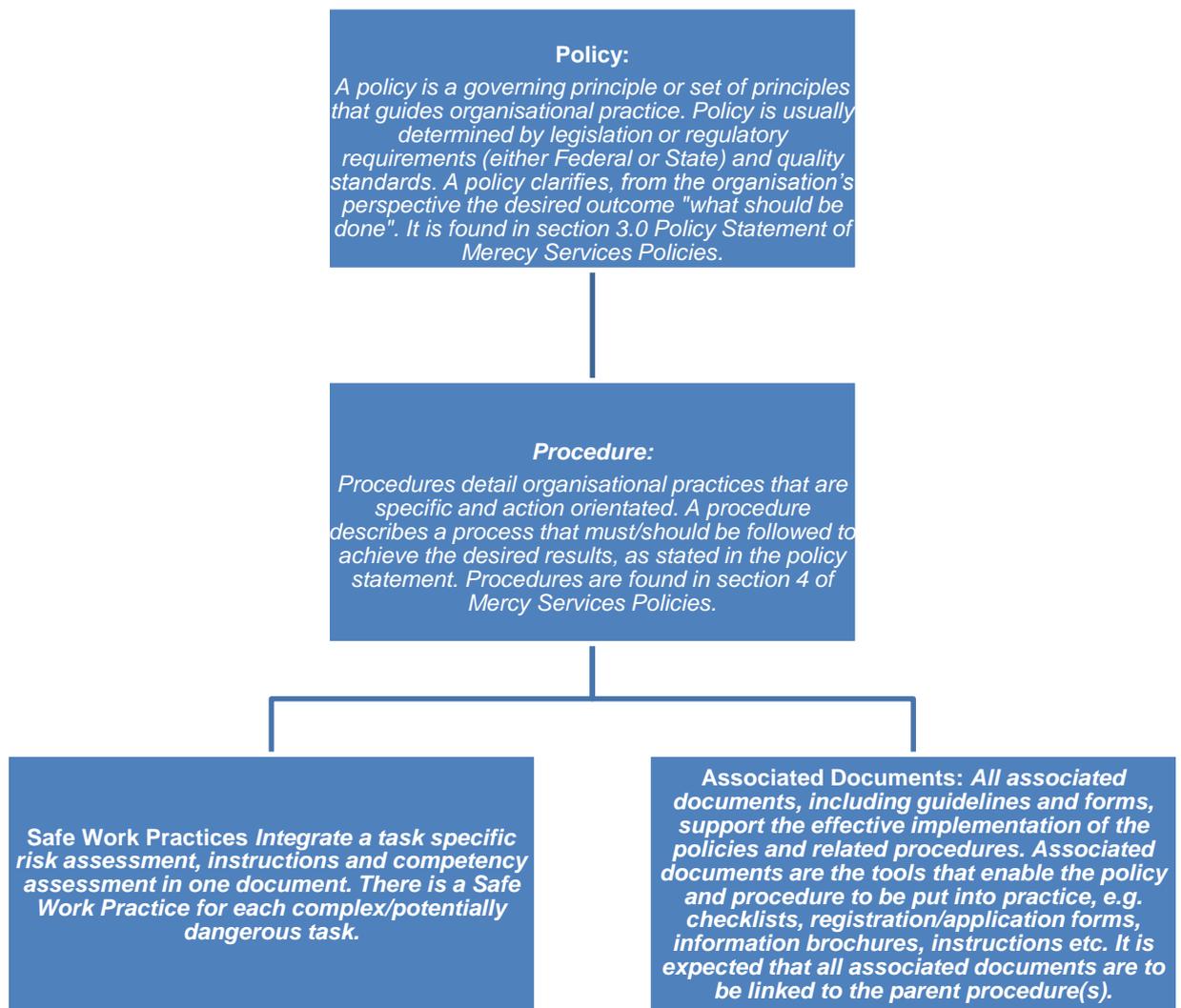# D.15 Policy Development, Review and Implementation

1.0   INTRODUCTION/BACKGROUND

Mercy Services has a series of formal policies that provide consistent and evidence based direction across key areas of the organisation. Policies guide organisational practice and support the achievement of Mercy Services' mission and objectives. In guiding practice, policies also support the achievement of quality outcomes and reduce institutional risk. To ensure that each Mercy Services program continues to operate at a high quality level, policies are managed, revised and amended so that policies meet legislative regulations, requirements of funding bodies, and quality standards.

Chart showing the connection between Mercy Services policy and related documents:

Policy:
A policy is a governing principle or set of principles that guides organisational practice. Policy is usually determined by legislation or regulatory requirements (either Federal or State) and quality standards. A policy clarifies, from the organisation's perspective the desired outcome "what should be done". It is found in section 3.0 Policy Statement of Merecy Services Policies.

Procedure:
Procedures detail organisational practices that are specific and action orientated. A procedure describes a process that must/should be followed to achieve the desired results, as stated in the policy statement. Procedures are found in section 4 of Mercy Services Policies.

Safe Work Practices *Integrate a task specific risk assessment, instructions and competency assessment in one document. There is a Safe Work Practice for each complex/potentially dangerous task.*

Associated Documents: *All associated documents, including guidelines and forms, support the effective implementation of the policies and related procedures. Associated documents are the tools that enable the policy and procedure to be put into practice, e.g. checklists, registration/application forms, information brochures, instructions etc. It is expected that all associated documents are to be linked to the parent procedure(s).*

2.0   SCOPE
This policy applies to all documents that Mercy Services Board or Management specify as being part of the Mercy Services Policy Manual.

3.0   POLICY STATEMENT
Mercy Services policies are written to ensure consistency, achievability, accountability and quality management.

All policies reflect the philosophy, mission and values of the organisation and comply with legislative and funding body requirements.

All policies will:
- have broad application (usually organisation-wide);
- be developed and reviewed in consultation with relevant stakeholders ;
- be presented in a common format using a Mercy Services approved template;
- be written concisely, in plain English and clearly expressed;
- clarify individual officer responsibilities; and
- be reviewed at a maximum of three years, or earlier, if new legislation or exceptional circumstances make it appropriate.

4.0   PROCEDURES

4.01   Responsibility for approving Policies
The following authorising bodies will be responsible for the approval of policies as described:

Foundational Policies such as the philosophy, mission, and values of Mercy Services are the responsibility of the Institute Leadership Team of the Institute of Sisters of Mercy of Australia and Papua New Guinea (ISMAPNG).

Governance Policies shall be approved by the Board of Directors of Mercy Services. Governance matters include:
- Strategic positioning;
- Risk management;
- Fiduciary responsibility;
- Legislative and common law compliance; and
- Appointment, performance and remuneration of the Chief Executive Officer (CEO).

All **operational/other policies** shall be approved by the CEO (or delegated officer) who is responsible for operational practices. The CEO will consult with the Management Team on Policy changes, unless exceptional circumstances require an immediate clarification.

All policies will contain or have reference to the necessary procedures and associated documents to support the effective implementation of the policy.

4.02   Responsibility for implementation/compliance
The CEO is responsible for ensuring implementation of policies. The CEO will clarify with other staff their role in ensuring the implementation/compliance of policies.

4.03   Developing a new policy or procedures
The reasons for developing a new policy and procedures may include:
- changes to the external operating environment;
- commencement/deletion of a new program;
- changes to government policy or legislation;
- changes to funding requirements;
- review of the strategic directions of Mercy Services;
- response to incidents;
- identified gaps, inconsistencies, need to rescind or revise;
- research and consistency with best practice;
- response to strategic planning; and
- changing client needs.

4.04   Review of existing policies
Policies of the Mercy Services are reviewed:
a) on a regular basis (Three years is the maximum length of time between policy reviews but high risk issues may have annual policy reviews);
b) after an incident suggests an inadequacy in the policy;
c) when the continuous quality improvement process addresses a topic/quality standard relevant to a policy;
d) when Coordinators/Director of Care nominate a particular policy for staff discussion/education; and
e) when required by the CEO.

A policy review is usually led and drafted by one of the Management Team.

A review includes investigating:
➢ whether policy and procedure is still needed;
➢ whether the policy reflects current organisational practice;
➢ whether the policy and/or procedures is still consistent with best practice, strategic directions of Mercy Services, quality accreditation requirements, and changes in funding body requirements or government policy and legislation;
➢ that all references, listed related policies; and standards are current/relevant;
➢ that compliance and evaluation measures are appropriate; and
➢ whether any related policies need to be revised or rescinded.

Reviews of, and changes to, policy must be recorded in the Document Changes Record section.

4.05   Consultation
Development of a new policy and review of existing policies will include circulating a draft version to Management Team, Coordinators, other relevant staff and key stakeholders. Consultation may include meetings, phone conversations or email.

Clients, and others who have expressed an interest in reviewing policies are considered "Key stakeholders" for all Service Delivery policies.

After the consultation process, further amendments or revisions may be required. If significant further revision is recommended, a revised draft is circulated to key stakeholders.

This consultation process is repeated until the approving authority (ISMAPNG, Board, CEO) is satisfied that all reasonable key stakeholders amendments/revisions have been addressed.

4.06   Document Management System
Manager: Tighes Hill is responsible for Document Management System which includes ensuring that paper and electronic copies of Polices are up to date.

4.07   Dissemination of approved Policy
The CEO or Manager: Tighes Hill has responsibility for dissemination of new or amended policy to relevant employees and volunteers when documents are approved.

All policies, procedures and associated documentation will be recorded and maintained on the Mercy Services computer server accessible to all staff/volunteers, in hard copy at Head Office locations and accessible to all interested persons via Mercy Services website.

5.0   REFERENCES

1. Australian Standards	a) Nil
2. Legislation	a) Corporations Act, 2001 (Cth) b) Work Health Safety Act, 2011 (NSW)
3. Professional guidelines	a) Nil
4. Codes of Practice	a) nil
5. Codes of Ethics	a. Australian Association of Social Workers Code of Ethics 2010 http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf c) Code of Ethics for Nurses in Australia 2008 http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#codesofethics d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards e) Mercy Services Code of Conduct
6. Evidence	a) nil
7. Mercy Services Values	a) Justice, Respect, Care, Unity, Service

6.0   OTHER RELATED POLICIES
- A.01 Mission and Philosophy
- A.02 Code of Conduct – Board
- A.03 Code of Conduct – Staff/Volunteers
- B.02 Board Policy and Procedures
- B.03 Delegations

- C.01 Management Roles and Responsibilities
- C.02 Strategic Planning
- C.03 Operational Planning
- C.04 Program performance and monitoring
- C.05 Quality Improvement
- C.06 Risk Management
- D.13 Information Technology & Communications
- D.14 Document Management
- E.01 Service Guarantee
- E.05 Client Participation, Decision Making & Advocacy
- E.06 Involvement of Families and Friends
- G.02 WHS Management System
- G.03 WHS Consultation

7.0   RELATIONSHIP WITH STANDARDS

Aged Care Accreditation Standards	Home Care Standards	NSW Disability Standards	EQuIP Standards
1.1, 1.2, 1.4, 1.5, 1.8, 1.9, 2.1, 2.2, 3.1, 3.2, 3.10, 4.1 4.2	*1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5*	*1.1, 1.2, 1.3, 1.6, 1.7, 1.8, 2.1, 2.2, 2.5, 2.6, 4.4, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 6.4, 6.5, 6.7*	*1.1.2, 1.1.3, 1.1.4, 1.2.2, 1.3.1, 1.6.1, 1.6.2, 1.6.3, 2.1.3, 3.2.1, 3.2.5*

8.0   DOCUMENT CHANGES RECORD

Dates of change	Section altered	Natures of changes made
30/06/2010	All sections	Created
19/07/2010	4.09	Hard copy only at Head Office, staff and volunteers able to access via Mercy Services computer server
23/03/2011	7.0 Relationship to Standards	Replace HACC Standards and CACP Standards with Community Care Common Standards and update to EQuIP 5 Standards
26/11/2012	All sections	Organisation name updated
30/03/2016	a) All Sections b) 1.0 Introduction/Background c) 2.0 Scope d) 3.0 Policy Statement e) 4.01 Responsibility for approving policies f) 4.02 Responsibility for implementation/compliance g) 4.04 Review of existing policies and procedures h) 4.05 Consultation i) 4.07 Dissemination of approved Policy j) Previous 4.08 Schedule for evaluation of compliance to policies k) 5.0 References l) 6.0 Other related policies m) 7.0 Relationship to Standards	a) GM changed to CEO b) CHART: policy does not state not "why" but "what outcome". Add where Policy and Procedures can be found in Mercy Services Policies c) Reword d) Change to "broad application" rather than always "organisation-wide" e) Add "approving" to title. Replace Singleton Sisters with ISMAPNG f) Minor name change. Add that CEO will clarify role of other staff in policy compliance g) Expand reasons for reviewing policy. Change who usually leads/drafts policy review. Significant changes to the list of policy review tasks. Replace paragraph on not reviewing policy

| | | with a requirement that all review/changes be recorded.
h) Significant changes and specifications of processes.
i) Rename. Limit to approved policy (draft policy is covered by consultation section).
j) Deleted as content now covered by 4.02 and 4.07
k) Add Codes of Ethics
l) Update
m) Update Disability Standards and add Aged Care Accreditation Standards |
| Review due 30/03/2019 | | |