



Mercy Services

POLICY DEVELOPMENT, REVIEW AND IMPLEMENTATION POLICY

Manual: Finance

Document ID: D.15

1. PURPOSE

Mercy Services policy framework aims to ensure that each Mercy Services program continues to operate at a high quality level by providing clear structures on how policies are developed, managed, revised and amended.

2. WHO DOES THIS POLICY APPLY TO

This policy applies to all Mercy Services staff, visitors and volunteers

3. POLICY

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) where possible (however individualised programs may need specifically targeted policies to support their work).
- be based on current best practice principles, legislation, standards and guidelines
- 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.
- Be accessible to all staff and volunteers at all times

4. PROCEDURE

4.1. Responsibility for approving Policies

The following authorising bodies will be responsible for the approval of policies as described:

Foundational Policies 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 policies include:

- Mission and Philosophy
- Code of Conduct - Board
- Board and Governance
- Delegations
- Management Roles and Responsibilities

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- Strategic Planning
- Risk Management
- Budget Planning
- Investment Planning
- Duty of Care
- Privacy Policy
- Client Safeguarding

All **operational/other policies** shall be approved by the Risk and Continuous Improvement Committee.

4.2. 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.

4.3. Developing a new policy or procedures

The reasons for developing a new policy and procedures may include:

- a) changes to the external operating environment;
- b) commencement/deletion of a new program;
- c) changes to government policy or legislation;
- d) changes to funding requirements;
- e) review of the strategic directions of Mercy Services;
- f) response to incidents;
- g) identified gaps, inconsistencies, need to rescind or revise;
- h) research and consistency with best practice;
- i) response to strategic planning; and
- j) changing client needs.

4.4. 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 depending on observed risk)
- 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 review includes investigating:

- a) whether policy and procedure is still needed;
- b) whether the policy reflects current organisational practice;
- c) 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;
- d) that all references, listed related policies; and standards are current/relevant;
- e) that compliance and evaluation measures are appropriate; and
- f) whether any related policies need to be revised or rescinded. Reviews of, and changes must be recorded in the Version Control and Change History section of the policy.

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4.5. Consultation

Development of a new policy and review of existing policies will include circulating a draft version to relevant stakeholders. Consultation may include meetings, phone conversations or email.

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

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

4.6 Document Management System

A policy review is usually led and drafted by the Quality, Health and Safety Coordinator and is responsible for the Document Management System which includes ensuring that paper and electronic copies of Policies are up to date.

4.7. Dissemination of approved Policy

The Manager/Head of each area has the 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 is kept in the Quality, Health and Safety Coordinator Office.

5. KEY PERFORMANCE INDICATORS

All Policies and Procedures are reviewed within the 3-year period.
Policies are reviewed following reported incidents to ensure currency.

6. EXPECTED OUTCOME

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.

7. DEFINITIONS

The diagram provides definitions and how the documents link to each other.

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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".

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.

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).

8. REFERENCES

- Corporations Act, 2001 (Cth)
- Work Health Safety Act, 2011 (NSW)
- AS/NZS 4360:1999 - Risk Management
- AS/NZS ISO 31000:2010 Risk management – Principles and guidelines.
- NSW Health Policy Directives and Other Policy Documents :-
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_049.pdf

9. OTHER RELATED POLICIES OR PROCEDURES

- C.05 Quality Improvement
- C.06 Risk Management
- D.13 Information Technology & Communications
- D.14 Document Management

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10. VERSION CONTROL AND CHANGE HISTORY

Version	Date Reviewed	Amendments
1.0	1.5.18	Revised and Moved to new Policy template. V2 created
2.0		

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