



Quality assurance and improvement



"They care about what they do."

Whaia te iti kahurangi, ki te tuohu koe me maunga teitei

This whakatauki speaks of aspiration, striving for success to be the best one can be. It's about aiming high and persevering when challenged.

Intent

We own what we do well and what we need to improve. We are committed to high-quality service provision and have a range of mechanisms to help us achieve quality.

Organisational planning includes planning for improvements to programmes and services, outcomes, access and equity and to accommodate changing priorities.

Data is collected and used to assess and monitor our performance and enable continuous improvement.

Responsibilities

The board will champion a focus on quality within the organisation. It must consider and make decisions about improvements recommended by management.



Management will ensure:

- quality mechanisms are implemented and complied with
- appropriate data collection and analysis is undertaken
- improvements are implemented and recommended
- records are kept of improvements made and recommended.

Staff/kaimahi and volunteers will contribute to our quality processes.

Requirements

Quality measures

We maintain and improve on the quality of our mahi through:

- **regular reviews and updating of policies and procedures** to respond to changing legislation, regulatory requirements and good practice and to ensure kaimahi/staff have access to the most current and authorised documentation
- **risk management reflected across our policies**, in particular, policies addressing health and safety, adverse events, disaster management
- **relationships and partnerships with rangatahi/whānau, iwi and services** eg disability, housing, health services, cultural representatives, kaumātua, kuia to promote and increase service pathways and help delivery of coordinated and responsive services
- **supervision** – to support culturally safe, quality and accountable practice
- **background checks** for recruitment and periodically during employment
- **kaimahi performance, supervision and development**– to support ongoing skill development and early responses when quality not achieved
- **continuous monitoring and review** – provides information about effectiveness and indicates areas for improvement including risk management



- **internal and external auditing** of case files and processes – provides information about legislative and policy compliance, what works, practice and professional development needs
- **participation of rangatahi, whānau and community** in development, planning and review processes – helps ensure we are responsive and person-centred
- **feedback and complaints processes** to ensure services, management and governance processes are responsive and accountable
- such other mechanisms as may be necessary.

Gather and use data

Data will be collected and used to help monitor and build quality, for example:

- feedback from hapū, cultural representatives and other community services
- rangatahi/whānau feedback recorded in files and discussed at practice/peer review meetings
- financial performance reporting
- complaints
- evaluations
- adverse events, risk and near-miss data
- independent auditing of accounts
- information about new and relevant legislative and policy developments, rangatahi demographics and needs.

Making improvements

If data shows the need to improve, we will make the necessary changes unless:

- risks and costs (fiscal and/or non-fiscal) are assessed to outweigh the benefits
- stakeholders (internal or external) likely to be affected by the change have not been consulted or are not supportive of it



- the change will involve significant cost, change to or departure from a key policy or practice eg the budget
- the change relates to the employment terms and conditions of a staff member.

Performance measures will be developed and monitored for changes made. If changes are not made, reasons must be recorded.

Quality plan

Improvements will be planned either as part of annual planning or as a separate plan.

The impact of the improvements will be monitored and regularly reviewed. If improvements, indicated by data as needed, are not achieved, they will be reconsidered in subsequent planning and budget processes.

Compliance

Social Sector Accreditation Standards Level 2 Governance and management structure and systems 5.0; Quality Improvement 1.0–3.0.

Social Sector Accreditation Standards Level Level 3 Client-centred services 1.0

NZS 8134: 2021 Workforce and Structure, Quality and Risk 2.2

NZS 8134: 2021 Service Management, Criterion 2.3

Helpful links

[Feedback and complaints](#)

[Incident management](#)

[Complaints process](#)

Review



Date: January 2022

Next review: December 2023