

RISK MANAGEMENT POLICY AND PROCEDURE

Purpose

This procedure describes the process by which SSNT can identify and manage risks concerned with compliance with the AQTF Standards for Registered Training Organisations (RTO) and act on opportunities to improve its systems and services to deliver quality training and assessment.

Related AQTF standards

Standards 1, 2 and 3

Scope

This procedure applies to all persons employed by or contracted to SSNT.

Responsible parties

The Principal, Heads of Departments and Quality Assurance Manager are responsible for the control and issue of this procedure.

Definitions

Risk is defined as 'actual' or 'likely' events or actions that may lead to the organisation's failure to meet AQTF compliance requirements.

Auditing is one process used by the SSNT to monitor compliance with AQTF Standards for RTOs. Other methods include student evaluation and feedback, self-assessment and review, validation, and strategic planning.

Continuous improvement is the process used by SSNT to identify opportunities for service and operation improvement with reference to the benchmarks established under the AQTF Standards for RTOs.

Processes such as corrective and preventative action are utilised to offset any inefficiencies in the quality system, or to rectify activities that risk the integrity of the services offered by SSNT.

Feedback is information provided by a student, trainer or employer in response to specifically designed satisfaction survey questions. Unsolicited feedback may come from a variety of sources and because of its unstructured nature may raise issues beyond the control of SSNT.

Policy Statement

This policy approaches risk management in relation to RTO compliance against each of the Standards specified within the AQTF Standards for RTOs as well as the Quality Indicators and the Conditions of Registration.

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This approach requires SSNT to implement processes to:

- identify risks (likely and actual) concerned with compliance with Standards for RTOs and to employ continuous improvement strategies.
- undertake audit and review processes in all operational areas to identify any perceived areas for improvement. This may include:
 - policy or procedures
 - actions by staff
- resolving any grievance or complaint lodged in regard to operations as an RTO. (Refer to *Grievances, Complaints and Appeals Policy and Procedures*.)

To achieve these requirements, the Principal shall arrange for:

- the conduct of an internal audit of SSNT's compliance with the AQTF Standards at least annually.
- the collection and analysis of stakeholder and client feedback and satisfaction data on the services provided by SSNT.
- the review of all operational activities and their supporting policies and procedures against the AQTF Standards, Quality Indicators and Conditions of Registration, to discern opportunities for improvement of services or system improvement. Improvement may take the form of corrective or preventative action, as well as developmental activities designed to raise better standards of practice.
- all improvement actions arising from risk assessment processes are to be documented, together with priorities for the coming year. This is to be reported to SSNT management for verification.

PROCEDURES

Four processes are to be undertaken as part of the Risk Assessment Procedure. These are:

1. Collection, Analysis of Feedback
2. Internal Auditing
3. Continuous quality improvements
4. Risk identification and management

Student/Stakeholder Feedback

Student/stakeholder feedback is to be gathered during multiple stages of service delivery:

- Prior to new qualification/course implementation (industry validation)
- During and on completion of programs/courses as part of a progressive evaluative review
- At the time of internal audit.
- During annual validation processes of training and assessment strategies

Evaluations/surveys are to be developed under the authority of the Principal or Deputy and implemented by the relevant HOD. The results may remain anonymous and students/clients should be given an opportunity to submit their comment without prejudice.

When implementing the evaluation/survey, the staff member must:

- Use the approved valuation/survey response sheet

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- Explain the purpose of the evaluation/survey
- Provide students/clients with the opportunity to submit evaluations/survey responses with anonymity
- Arrange / offer unbiased assistance with the completion of evaluations/surveys for students with literacy or language difficulties
- Deliver the responses, without tampering, dissemination, or alteration, immediately to the relevant HOD for processing.

The HODs are required to:

- Analyse and report to the Deputy or Quality Assurance Manager on information gained through feedback processes
- If requested, advise a respondent of complaint and resolution opportunities
- Act on information as if part of the audit, preparing a risk management solution, including corrective/preventative and continuous improvement process
- Arrange for the appropriate storage of feedback responses in the course files to ensure inclusion in audit processes.

The Heads of Departments or Co-ordinators are required to:

- Summarise the action taken in response to the feedback analysis and include for review in the next audit schedule conducted by the Quality Assurance Manager.

Internal Audit

The Principal shall conduct an internal audit of SSNT, or shall arrange for audit by the Quality Assurance Manager, to ensure compliance with the AQTF Standards. This will happen on an annual basis and address all operational areas including:

- Training and assessment
- Client services
- Management systems.

This includes the aspects of:

- Promotion and Marketing of RTO services
- Student Selection, Enrolment and Orientation
- Student Participation and Training Delivery and Assessment
- Training Completion and the issuance of awards
- The Quality System and continuous improvements to ensure efficiencies according to the AQTF standards.

An audit checklist must be compiled against:

- AQTF Standards
- SSNT Risk Management
- SSNT Policy and Procedural Guidelines
- Complaints lodged and resolutions
- Funded performance agreements/contractual arrangements
- Stakeholder Feedback

The Deputy or the Quality Assurance Manager will:

- Undertake the audit — commencing each area on a rotational basis

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- Review the previous audit outcome and risks identified for the relevant cycle and draw up an audit schedule
- Notify the relevant staff of the audit date and documentation requirements.
- Using the resources available, identify current compliance status in relation to AQTF requirements and the organisation's own policies and procedures that reflect these.
- Detail the audit outcome in a report to management, identifying any non-compliance and recommendations for improvement with corrective/preventative action.

Where policies and or procedures are incorrect or found no longer current to operational requirements, the Quality Assurance Manager must make the necessary amendments and distribute the changes for confirmation to the relevant staff/management before updating the system.

Changes of this nature must be added to the Improvement Register.

Where policies and or procedures are not being followed, the Deputy and Principal will report/discuss the need for improvements to be implemented with the relevant HODs or Co-ordinators and where necessary the governing body.

Preventative and corrective actions will also be discussed, and signed off by the Deputy and Principal and implemented to correct non-compliance issues.

Compliance Review and Continuous Improvement

The Principal Officer(s) shall review all matters of compliance in relation to the AQTF Standards for RTOs and the organisation's own quality system at least annually. This is to assess the effectiveness of the continuous quality improvements and assess elements of risk, risk management and risk avoidance processes. This should determine whether changes in the quality system or resource allocations will be necessary to ensure AQTF Standards are met consistently throughout SSNT operations and in line with business planning.

The Principal and Quality Assurance Manager will:

- review and prepare an annual quality report based on audits carried out over the twelve month period. The report will detail matters raised during both self assessment but also any external audit events and improvement actions.
- An overview of services gathered from stakeholders should be presented to balance these in the analysis.
- A risk management matrix and strategy can be presented and analysed in relation to client and internal perceptions of RTO operations and quality of service.
- Organisational plans, strategies, staffing and functional responsibilities should be considered in light of the resulting organizational view.
- Plans for improvement should be finalized and documented with review milestones.
- The Continuous Improvement Plan and Strategy should be confirmed with the Principal and implementation responsibilities finalised and designated.

Risk Identification and Management

A number of activities contribute to the identification of potential and actual areas of risk in RTO operations. These range from corrective/preventative actions, audit reports, feedback, to complaints logs. The context of this procedure is identification of continuous improvements according to the AQTF standards of operation for Registered Training Organisations.

The Principal is responsible for raising awareness among staff of any operational areas that are known to impact negatively on clients or compliance capabilities.

The Principal, in conjunction with the Quality Assurance Manager will, as part of the audit and review process, actively seek to

- Identify evidence of risk (actual or potential) and the nature, level and extent of that potential risk
- Assess the source, causal factors as well as the effects of the risk, and
- Isolate the factors that could possibly contribute to the likelihood of a potential risk

In conjunction with the Deputy and Quality Assurance Manager, the Principal will:

- Define and discuss the risk factor with relevant staff, management, stakeholders
- Set policies, procedures and work practices in place to avoid or manage risk
- Document the risk element in the organisation's risk matrix, as necessary, thereby submitting it to ongoing evaluation and improvement processes.