AMSANT Aboriginal Corporation

QUALITY MANUAL

Scope:

This Quality Management System relates to the management and provision of primary health care services provided by AMSANT Aboriginal Corporation.

Exclusion:

ISO 9001:2008 Clause 7.3 (incorporating subclauses 7.3.1 to 7.3.7) related to Design & Development has been excluded by AMSANT Aboriginal Corporation. as these are not applicable; Clause 7.6 Calibration as no equipment requiring calibration is used and Clause 7.5.3 Identification and traceability as unique identification of product and traceability is not required.

Revision History

Version	Date	Author	Comments
1.0	01/04/12	Joe Maung	Original Document
2.0	03/11/14	Simon Stafford	First revision incorporating recommendations from Feb 14 QMS audit
3.0	30/11/15	Simon Stafford	Second revision as result of QMS Review Sept – Nov 2015

Contents

1. ORGANISATION PROFILE

1.1. Legal Structure

The Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) Aboriginal Corporation is an Association Incorporated under the Aboriginal and Torres Strait Islander Act 2006 (CATSI Act) with a Board of Directors elected bi-annually from its membership base.

1.2. Organization Profile

AMSANT is an Aboriginal community controlled organisation that serves as a peak body for Aboriginal community controlled health services in the Northern Territory and advocates for equality in health, focusing on supporting the provision of high quality comprehensive primary health care services for Aboriginal communities.

The Association's primary mission is to provide an advocacy and support role for all associated and affiliated members within the Northern Territory. The Service advocates at the sectoral level on all issues related to Aboriginal health. This requires extensive interaction with the media, State and Territory Governments and the Commonwealth.

The indigenous population in the NT serviced by AMSANT and its members is approximately 70,000. Through its advocacy and lobbying work to governments and support services AMSANT also has a significant impact on the wider Indigenous population around Australia.

AMSANT is governed by an elected Board of Directors. The main clients of the Association are its members and affiliates which by year end 2015 numbered 25. The Association is funded through the Commonwealth Department of Health, the Northern Territory Government Department of Health, The Office of Prime Minister and Cabinet- Fred Hollows Foundation (FHF), the Health Network of the NT,, OXFAM Australia Ltd. and the NT General Practice Education (NTGPE).

AMSANT's core businesses is to alleviate the sickness, suffering and disadvantage, and to promote the health and well-being of Aboriginal people of the NT through the delivery of health services and the promotion of research into causes and remedies for illness and ailment found within the Aboriginal population of the NT. It serves as a peak body and a forum for the Aboriginal Medical Services in the Northern Territory to lobby for positive changes in the health status of Aboriginal people in the Northern Territory and Australia generally. The Association advocates for Aboriginal self-determination and community control of health services for Aboriginal people.

AMSANT seeks to achieve its purpose through implementing best practice approaches using evidence-based research and collaborative community action. The service has a staff complement of FTE 40.86.

2. SERVICES AND PROGRAMS

AMSANT provides advocacy on:
- National Health Reform from an Indigenous/Rural Remote perspective
- Health equality for Aboriginal people in the Northern Territory
- Access to high quality comprehensive Primary Health Care services for Aboriginal people

AMSANT provides sector level support to members on:
- Electronic health
- Workforce development
- Public health and primary health care best practice networking and support
- Continuous quality improvement
- Accreditation
- Leadership
- Regionalization and development

AMSANT provides health service level support to members in the areas of:
- Accreditation
- Continuous quality improvement
- Regionalization and development
- Public health and primary health care best practice networking and support
- Patient information and recall systems
- ICT/IM consultancy support

AMSANT Internal Services include:
- Management
- Administration & corporate services
- Board support
- Research

3. DEFINITIONS

The following terms and definitions are generally defined within *ISO 9001 Quality management systems – Requirements* and have been adapted to our organisation.

Audit	refers to a systematic, independent and documented activity aimed at verifying that the organisation's policies and procedures are being fulfilled.
Customer (client)	refers to a client, customer, patient or person or organisation that is provided with a product or service. For AMSANT this includes both our members who we represent and support and our funders who provide the resources we use to conduct business
Contract	refers to agreed requirements between us and our partners and funding bodies. These may be also be MOU's and Service Level Agreements.
Continual improvement (corrective and preventive action)	refers to both corrective action and preventive action that is taken to correct or address a problem and make change in the organisation that improves service delivery or our operations. Corrective action generally involves making changes to policies or procedures to respond to an idea or incident. Preventive action generally involves taking action before a negative event (or non-conformance) occurs to reduce the chances of a negative event occurring.
Off site	refers to any location other than the Corporation's established premises, where work is undertaken as part of a formal contract.
Non-conformance	refers to a deficiency in characteristic, measured quality, documentation, or procedure that renders a service, program or product unacceptable to specified requirements.
Procedure	refers to a document that specifies the purpose, scope, responsibilities, actions and methods for a quality related activity.
Process	refers to a task or activity that involves staff or other resources to provide a service or conduct our operations.
Product	refers to a result of activities or processes. Product include a service provided, in addition to physical materials, parts, components etc.
Quality	refers to circumstances where all characteristics conform to requirements.
Quality Management	refers to a set of coordinated activities aimed at controlling an organisation with regards to quality.
Quality Project Plan	refers to a document that specifies the resources, activities, and methods necessary to control a specific project, product or contract.
Quality system	refers to a planned and documented set of policies, procedures, resources, methods, and actions aimed at fulfilling our quality and service delivery objectives
Service	refers to services and programs delivered to meet our goals. The term product may also be used to a physical product eg a booklet developed to support the delivery of services.
Service delivery	refers to the fulfilment or achievement of a plan or objective to deliver a service or a program.

Supplier	refers to an individual or organisation that provides any services, materials or products that form part of the product supplied to the customer. This may include those otherwise referred to as subcontractors.
Traceability	refers to the ability to be able to trace an item or batch or items by means of unique identification.
Validation	refers to evidence or proof that the product meets requirements, and is fit for its intended purpose.
Verification	refers to confirmation that a product or action conforms to specified requirements.
Work instruction	refers to a document that describes how a procedure process or task is to be undertaken. Work instructions may be in any format.

4. QUALITY MANAGEMENT SYSTEM

4.1. Purpose of the Quality Management System

The management and staff of AMSANT Aboriginal Corporation are committed to the provision of high quality, responsive services and programs that improve the lives of individuals and families within our Indigenous community in the Northern Territory. To support the realization of our purpose and ensure our services remain member focused AMSANT Aboriginal Corporation will maintain a Quality Management System in accordance with Standard ISO 9001:2008. The organisation will maintain third party quality certification against this standard.

It is our policy to achieve sustainable, high quality Advocacy & Members Support services that consistently satisfy the needs and expectations of our clients and Stakeholders consistent with our Vision and Values. Our Quality Policy and Quality Objectives are congruent with the strategic objectives and strategies outlined in the AMSANT Aboriginal Corporation Plan.

The purpose of the AMSANT Aboriginal Corporation Quality Management System is to support AMSANT Aboriginal Corporation operations so that our services and programs consistently and effectively meet our member's expectations and applicable regulatory requirements. It provides a framework for continual improvement. The Quality Management System provides a basis from which our team and partners can make appropriate decisions whilst ensuring that applicable minimum standards are met.

This document describes the Quality Management System and the roles and responsibilities within AMSANT Aboriginal Corporation for overseeing and implementing its components.

References:
- AS/NZS ISO 9001:2008 Quality Management Systems Requirements
- AS/NZS ISO 9001:2000 Quality Management Systems Fundamentals and Vocabulary
- AS/NZS ISO 9004:2000 Quality Management Systems Guidelines for Improvement
- AS/NZS ISO 10013:2001 Guidelines for Quality Management Systems Documentation

4.2. Key Elements of the Quality Management System

The AMSANT Aboriginal Corporation Quality Management System applies to all activities of the organisation, and has been developed in accordance with ISO 9001. The Quality Management System is fully documented and structured in three levels. The diagram below is a representation of this structure.

Quality System Elements
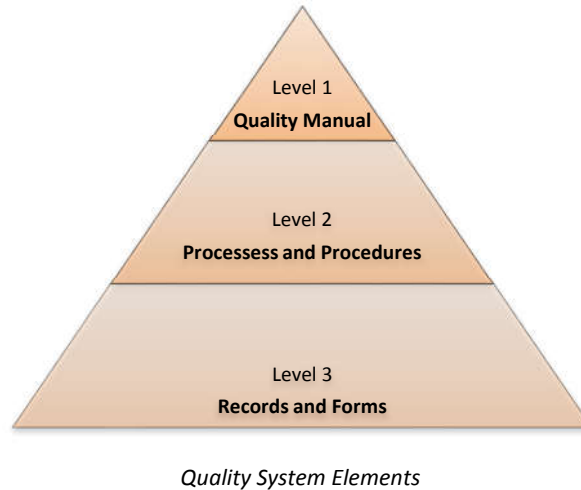
Level 1: Quality Manual - This document details the corporate quality policy and structure of the organisation and references appropriate Operating Procedures.

Level 2: Operating Procedures - These documents describe the actual process, and controls applied, to all activities concerned with the attainment of a quality assured services and programs.

Level 3: Records and Forms - These documents provide evidence of activities.

4.3. Quality Management System Philosophy

The philosophy that underpins our quality management system is that staff and management teams have a shared responsibility to manage three core quality processes: document control; internal audit; and continual improvement (corrective and preventive action). These processes are supported by the following quality system tools:

- Controlled Document Register
- Internal Audit Register
- Continual Improvement Register (corrective and preventive action)

These Registers hold data which allows managers and team meetings to initiate and monitor actions in relation to document review, internal audit, and corrective and preventive measures. Reports from these Registers are generated to provide the Quality Management Committee with information about the effectiveness and efficiency of our quality management system.

The Quality Management Committee is comprised of the Chief Finance Officer and 3 members of the Senior Management Team. It is responsible for the planning, review and improvement of the Quality Management System to ensure its continuing suitability, adequacy and effectiveness.

Achievement of our quality policy involves all staff. Each of whom is individually responsible for the quality of their work and is expected to actively contribute to a continually improving work environment. Our quality policy, quality objectives and expectation of staff participation in our continual process improvement process is explained to each employee as part of their induction to the service. The diagram below illustrates the five phases and the associated roles and responsibilities of individual staff members, teams, managers and management in relation to managing the core quality processes across the organisation.

Initiation	Action	Monitoring	Auditing	Review
• Audit schedule created • Document identified to be controlled • CI recommendation made	• SMT/Staff/Business Unit meetings review items due and delegate task e.g. carry out audit, review a document, or carry out a CI action	• Quality Management Committee monitor Registers to ensure things are being done	• Internal audits verifiy actions that have been taken against the registers and report findings to the Quality Management Committee	• Quality Management Committee reviews timeliness of QMS actions and reports to the CEO and SMT

Five phases of managing core quality processes

4.4. Quality Management System Process Map

The Quality Management System Process Map below provides guidance for the continual improvement efforts including customer satisfaction and the quality and reliability of our services, products, and processes.

ISO 9001 PROCESS MAP – AMSANT OPERATIONS_November 2015
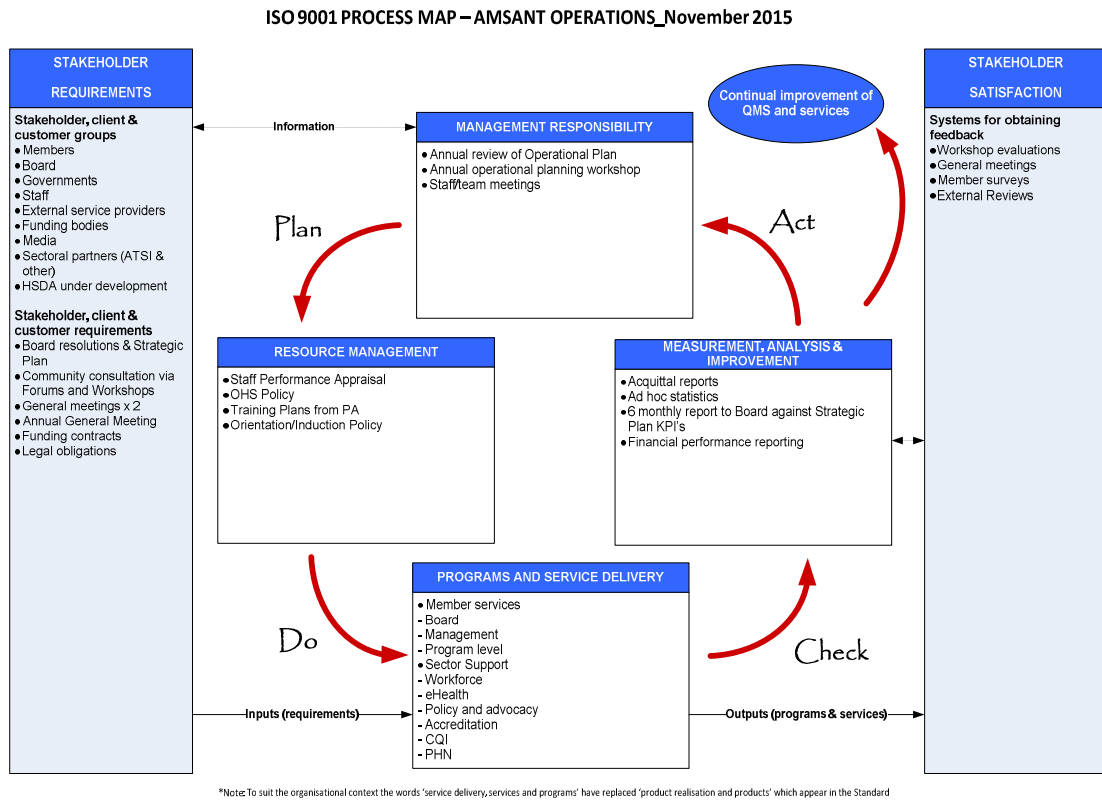
AMSANT Aboriginal Corporation. Quality Management System process model

4.5. Documentation & Change Control

Controlled Documents are stored electronically in the Controlled Document Register on the AMSANT intranet. The Controlled Document Register holds key data about a document such as version, date last reviewed and the deadline for the next review of the document. It provides an index of all controlled documents held by our organisation and provides hyperlinks to those documents for 'one-click' easy access.

All documents on the Controlled Document Register carry a unique reference number. They are reviewed, modified and authorized, as part of this document control procedure. Standard forms used in conjunction with our Quality Management System are also controlled.

Our Document Register contains:
- documented statements of a quality policy and quality objectives;
- a quality manual;
- documented procedures and policies; and
- documents needed by the organisation to ensure effective planning and operation.

4.6. DOCUMENT CONTROL AND REVIEW PROCEDURE

Reference: 304_AMSANT Document Control Procedure V1.1

DOCUMENT APPROVAL AND REVIEW PROCEDURE

Officer
Document identified as un-controlled and suitable for the document register.

QMC
Document is approved for control process at QMC and sent to QMO

1
Document recommendation

QMO
Document approval is facilitated or sent back to Officer with suggestions for change.

2
Document approval

QMO
Document is uploaded to controlled document register

3
Document registration

QMC
Reports are tabled at QMC meetings showing documents due for review. The task to review the document is delegated to an officer.

4
Document review

Officer
Document is reviewed for currency and accuracy and updated as required. Doc is sent to QMO.

QMC
Report from the Document Register showing doc review due and complete dates is analysed to assess timeliness of doc reviews. SMT is advised of effectiveness of system and opportunities for improvement.

5
Quality system monitoring

SMT
Report from QMC is considered and action taken. Improvements registered on Continual Improvement Register

5. MANAGEMENT RESPONSIBILITY

5.1. Management Commitment

The process of managing AMSANT Aboriginal Corporation business is performed by the Senior Management Team under the guidance of the Directors who define the overall strategy of the business and develop the organisation to meet business targets. The Directors carry out this function in collaboration with senior management and staff.

Senior management has leadership responsibility for the Quality Management System and associated processes. This includes ensuring availability of resources, establishment and review of the Quality Policy and Quality Objectives, and implementation and continual improvement of the Quality Management System.

Senior management also has the responsibility to communicate the importance of meeting customer, client, statutory and regulatory requirements to staff.

5.2. Quality Policy

The management and staff of AMSANT Aboriginal Corporation are committed to lead, advocate and provide member support to improve the lives of individuals and families of the Aboriginal community in the Northern Territory. It is our mission to deliver sustainable, high quality advocacy and member support that consistently satisfies the needs and aspirations of our members and stakeholders consistent with our vision and objectives.

To realize this policy AMSANT Aboriginal Corporation will maintain a Quality Management System in accordance with Standard ISO 9001:2008. The Quality Management System provides a framework to guide our team in making appropriate decisions and monitoring actions and outcomes.

We will:

- Maintain a quality management system to meeting the requirements of the ISO 9001:2008 standard
- Continually improve the effectiveness of our Quality Management System
- Periodically review the performance and management systems to meet our objectives
- Communicate this policy to staff and stakeholders and
- engage staff in using the quality management system

We recognise that both quality and client and member satisfaction can only be achieved through the involvement and commitment of our team and partners.

Our success in effectively implementing this quality policy will be measured by the positive endorsement of our services by our members.

5.3. Quality Objectives

The Quality Objectives of AMSANT Aboriginal Corporation support our Quality Policy as well as the objectives in our Strategic Plan which reflect our core business. The following table outlines our Quality Objectives and how the organisation's performance against these objectives will be measured.

Quality Objective	Performance Measure	Acceptable Success Rate / Expected Outcomes
1. Enhance support to member organisations by maintaining an effective Quality Assurance System (SO-6)	QMS compliant with ISO 9001	Maintain ISO 9001 Certification
2. Ensure quality responsiveness to achieve and maintain an effective relationship with all stakeholders to improve Aboriginal Health (SO-4)	Stakeholder feedback	Bi-Annual survey of each stakeholders groups (Members, employees, Funders/partners) completed and results and actions reviewed by SMT & the board
	Complaints	100% of complaints responded to by next working week and resolved within 20 business days
	AMSANT participation with external stakeholders	Maintain participation register and review on annual basis
3. Engage in good governance to strengthen health leadership (SO-6)	Performance reporting	Board meeting minutes reflect performance reports and recommendations, and actions taken
		SMT meeting minutes reflect managers' report on relevant program performance quarterly.
	Efficient and effective consensus decision making	Decisions and actions are recorded and highlighted in all minutes; Meeting minutes are produced and distributed within a week
	Records of declaration of all conflicts of interest and related party transactions	Board minutes note declaration of real or perceived conflicts of interest in relation to the items on the agenda prior to the discussion of the business of the meeting
	Currency of the documents – policies, procedures, templates, forms, charts, etc	Policies and procedures are reviewed and updated within the required timeframe as evidenced by the Controlled Document Register
4. To ensure compliance with relevant statutory and safety requirements (SO-6)	Compliance Register includes all relevant statutory requirements and obligations.	Evidence of monthly compliance monitoring through status reports to senior management team meeting.
		Evidence of Quarterly compliance reporting through status reports at the Board meeting.
	Annual internal audit scheduled developed (Audit Register) which includes audits to be undertaken , and the SMT is provided with data	Scheduled audits conducted and reported on within required timeframe
		Identified non-conformances are responded to as evidenced by the CI Register

Quality Objective	Performance Measure	Acceptable Success Rate / Expected Outcomes
	on the organisation's performance based on the audit findings	
5. **Manage resources prudently and effectively to support growth in community controlled sector (SO-1 & SO-2)**	Task Delegations Register identifies responsibilities for human resources and financial management	Delegations noted in the Delegations register are current and when there are changes to the delegations, there is a formal process for notifying relevant staff of changes
	Maintain a proper asset register and asset maintenance schedule	Asset register is regularly updated and all maintenance is carried out in a timely manner.
	Contracts register includes details of all contractual arrangements	Evidence of six monthly monitoring of contracts through status reports to the senior management team meeting
	Supplier register includes details of monitoring of supplier quality.	Evidence of six monthly suppliers monitoring through status reports to SMT meeting.
		All identified non-conformances relating to suppliers responded to & recorded in CI Register
6. **Facilitate organisation-wide participation in our quality management system to enhance internal capacity (SO-6)**	Culture of continual improvement within the organisation	Continual improvement is a standard item on the agenda of SMT & Staff meetings
		Suggestions and recommendations for continual improvement are encouraged and formalized internally by the organisation
		Approved corrective or preventive actions have been completed within required timeframe, evidenced by the CI Register.
7. **Create a culture of organisational learning and staff development to enhance internal capacity (SO-6)**	Staff participation in training and other professional development activities	80% of staff have successfully completed required training, as evidence in performance appraisal and training register
		Currency of Staff Training on HR Register is maintained
		80% of staff indicate that the knowledge and skills gained through training have been applied in practice as evident in Performance Appraisals
	Formal appraisal annually with staff which includes negotiation of training requirements. The plans are reviewed as required and evaluated annually.	There is evidence that a staff performance is conducted annually.
8. **Focus on continual improvement through a quality monitoring system of internal audits, reviews, analysis, and planning to enhance internal capacity. (SO-6)**	The number of audits and quality monitoring reviews completed annually.	Scheduled audits have been completed as evidence by the Audit Register
		Approved corrective or preventive actions have been completed within required timeframe, evidenced by the CI Register.

5.4. Compliance with ISO 9001:2008

The AMSANT Aboriginal Corporation Quality Management System complies with the requirements of AS/NZS ISO 9001:2008 and was certified by **Institute for Healthy Communities Australia PTY LTD** on **31 August 2011.**

5.5. Management Review

AMSANT maintains a Management Review process through the Senior Management Team (SMT). The Senior Management Team meets weekly and through monthly reports and recommendations from the Quality Management Committee is responsible for the review of the performance of corporate operations and programs and services.

The Senior Management Team has overall responsibility for:

- Reviewing the Quality Policy in terms of the Policy remaining appropriate and suitable to the purpose of the organization

- Identifying improvements to the Quality Management System through the use of the quality policy, quality objectives, audit results, analysis of data, corrective and preventive actions and management review

- Evaluating and reviewing suppliers on the Approved Suppliers List

- Communicating quality plans, activities and results to the organisation and members of the staff team.

5.6. Authority and Responsibilities

Authority

All staff share the authority and responsibility of identifying non-compliances or possible improvements, and recording these instances such that corrective or preventive action can be taken, both to rectify the immediate situation and to prevent recurrence.

All staff are given the authority to perform their allocated responsibilities and these authorities are detailed in staff position descriptions.

Responsibilities

Specific responsibilities have been identified to key roles to help ensure compliance with statutory and quality related requirements.

The table below provides a summary of these responsibilities and the associated roles in the organisation.

Responsibility	Roles				
	Board	**CEO**	**Senior Finance Officer**	**SMT**	**Staff**
Quality Coordinator			✓		
Compliance with Incorporations Act	✓	✓	✓		
Compliance with Work Place Health & Safety Act		✓	✓	✓	✓
Compliance with Taxation Act			✓		
Compliance with Funding Agreement	✓	✓	✓	✓	✓
Approval of Quality Management System	✓	✓			
Monitoring effectiveness of Quality Management System		✓		✓	
Service delivery planning and implementation		✓	✓	✓	✓
Supplier selection and purchasing		✓	✓	✓	
Contract management and control		✓	✓		
Internal Audit			✓	✓	✓
Document control			✓	✓	✓
Record Management			✓		✓
Continual improvement		✓	✓	✓	✓
Planning and Co-ordination	✓	✓	✓	✓	
Processing of invoices			✓		
Resource planning and allocation	✓	✓	✓	✓	
Resource Management/Register			✓		✓
Purchasing		✓	✓	✓	
Control of Finance and Accounts			✓		
New service and program identification	✓	✓	✓	✓	✓
ICT planning and management		✓	✓	✓	
Human Resources Management		✓	✓	✓	

6. RESOURCE MANAGEMENT

6.1. Management Commitment

The Senior Management Team is responsible for ensuring that adequate staff, equipment and materials are available to meet customer requirements. Management determines and provides the resources needed to:

- deliver the stated services and programs to an acceptable standard;
- implement and maintain the Quality Management System and continually improve its effectiveness;
- ensure client, customer and community requirements can be met to satisfactory levels;
- ensure the organisation continues to meet statutory regulations; and
- support and enhance staff capability.

6.2. Human Resource Management

Adequately trained personnel shall be provided to perform the required activities. Personnel performing work should be competent on the basis of appropriate education, training, skills and experience.

AMSANT Aboriginal Corporation works to the following four point framework to support its workforce:

1. Build capability
2. Ensure role clarity and effective performance management
3. Create a positive workplace culture
4. Demonstrate leadership in driving a shared vision and purpose across staff and members

6.3. Competence, Awareness and Training

Tasks affecting service quality, process, or system quality will be performed by personnel who are qualified to perform their assigned tasks in accordance with established standards where relevant. Qualification shall be based on education, experience and/or training.

The desired and essential competencies for each position are stipulated in the AMSANT Enterprise Agreement 2015-2018 and in each position descriptions and the training undertaken by staff is listed on an 'attendance request' on our Intranet.

6.4. Human Resources Performance Management System

AMSANT Aboriginal Corporation utilises position descriptions, probation period review and staff appraisal to ensure capabilities are linked to roles and that performance is monitored.

6.5. Training

Internal and external job training is provided where possible for personnel, including Board of Directors, part time and casual employees.

Employee qualification records are maintained and are available to the employee and their supervisor. Records of participation in formal training are maintained on staff file as part of the employee's personal training record.

Training on use of quality systems will be led by the Corporate Team at a frequency determined by senior management. Discussion of procedures related to the Quality Management System is provided by the managers through the staff induction process.

6.6. Work Environment

Facilities, including workstations and associated equipment, shall be maintained in an appropriate state of order, cleanliness, and repair for their use. All work areas must comply with established safety, regulatory and environmental standards and codes. This is monitored by the organisation's Work Health and Safety systems.

7. SERVICE DELIVERY

7.1. Management Commitment

Senior management will ensure that services and programs are effectively planned, implemented, monitored and evaluated. In particular senior management will ensure that:

- quality objectives and requirements for the service/program are in place;

- processes and resources specific to delivering the service/program are in place; and

- systems for monitoring and evaluating the service/program in accordance with client and customer (eg funding body) requirements are in place.

7.2. Planning, Implementation and Review

Processes to support planning, implementation and review are the combination of a range of activities involved in the seeking of funding for services and programs, designing services and programs, and implementing services and programs including trials and pilots.

Service and program planning is carried out in accordance with the organisation's operational planning procedures and the requirements of the relevant agencies, such as funding bodies, who are providing the inputs (funding) for the service/program.

The performance monitoring and review of a service/program occurs through reports to the Board and through funding acquittal reports to the relevant agencies providing the inputs (funding) for the service/program, as well as specific program reviews carried out at two year intervals.

Business planning is accomplished through long-term strategic planning and annual operational service delivery business planning. These plans include key priorities and strategic goals, strategies, actions, and performance indicators.

The results of these planning processes are documented and the Strategic Plan and associated operational plans are on the Controlled Document Register as a controlled document. Plans are reviewed and updated at least annually to reflect changes in the operating environment and client and community needs.

Reports for stakeholders and members on the implementation of these plans are prepared annually.

The following diagram illustrates the linkages between our planning and reporting:

Planning
- Strategic Plan
- Service delivery operation planning

Monitoring
- Reporting to the Board on implementaton
- Reporting to funding bodies on implementaton

Evaluation
- Annual report to community
- Acquittal reports to funding bodies
- Program reviews
- Member Feedback

Planning and Evaluation Timeline

	JULY	**Holidays**
15 August: Report on previous FY Plan →	**AUGUST**	
September: Staff & management review previous FY plan (1/2 day workshop?) →	**SEPTEMBER**	
	OCTOBER	
	NOVEMBER ←	**1st Week in November:** AMSANT AGM – report to Board and members
Early December: Begin operational planning process (at annual staff workshop?) →	**DECEMBER**	**Holidays**
Late January: SMT review and analyse input to create draft plan for next FY →	**JANUARY**	
	FEBRUARY ←	**Mid-January:** 6-monthly report due to OATSIH
1 April: Staff comment on draft plan for next FY →	**MARCH**	
Mid- April: Draft plan to Board for noting / input →	**APRIL**	
30 April: Draft plan to funders →		
15 May: Final plan to funders →	**MAY**	
20 May: AMSANT Board endorse final plan →	**JUNE**	

Jul
- Evaluate previous year's program performance, including financial performance

Aug
- Prepare acquittal report and program performance reports for funding bodies

Sep
- Analysis of annual audited statements
- Prepare annual performance report for funding bodies

Oct
- Convene Senior Management Team (SMT) to review past six months performance of the mangement system (QMS), program performance and other areas as noted on the SMT schedule

Nov

Dec
- Monitor progress against individual staff work plans and training plan

Jan

Feb
- Monitoring performance through acquittal reporting
- Convene Senior Management Team(SMT) to review past six months performance of the mangement system (QMS), program performance and other areas as noted on the SMT schedule

Mar
- Draft operational plan and accompanying annual budget
- Negotiate individual work plans and training plans

Apr
- Finalise drafting of operational plan and annual financial budget
- Finalise following year's individual work plans for staff
- Finalise following year's staff training and developement plan

May

Jun
- Evaluation of staff performance against their respective individual work plan

Table: Roles in Strategic & Operational Planning Process

	STRATEGIC PLAN (SP)	OPERATIONAL PLAN (OP)
AMSANT Members	• Define boundaries and focus of SP • Consult community members • Identify issues to be addressed • Request action on issues • Set the vision for the organisation • Endorse the SP	• Benefit from OP • Support and participate in activities under the OP • Feedback re relevance and quality of activities undertaken under the OP
AMSANT Board	• Identify priorities / set directions of SP • Endorse SP • Develop and create the SP • Direct the organisation to operationalize the SP and vision • Review progress on SP • Monitor environment and its effect on the SP	• Endorse the OP • Receive reports on reaching SP objectives through OP • Benefit from OP • Support and participate in activities under the OP • Feedback re relevance and quality of activities undertaken under the OP
EO / Senior Managers	• Input into SP • Align other policies / programs with SP (operationalizing SP) • Provide leadership to AMSANT in achieving SP objectives • Communicate SP to staff • Communicate SP to other organisations • Facilitate ongoing review of achievement against SP	• Develop OP (with input from all staff) • Deliver against OP • Coordinate resources (staff, funding, other organisations) in implementing OP • Set priorities for implementation of OP • Allocate roles / responsibilities and resources for implementation of OP • Adapt OP as circumstances change • Inform stakeholders of OP (especially funders) • Review progress against OP goals and actions
Middle managers / staff	• Implement SP (through OP or other processes) • Advise Senior Management Team regarding implementation of SP • Provide expertise to inform the SP • Understand and 'own' the SP	• Implement agreed goals and actions in the OP • Help develop the OP • Help review the OP • Help report against the OP (record and document action) • Be accountable against the OP (performance appraisal)

7.3. Stakeholder and Members Service

The organisation determines members' requirements through evidence based practices, such as data collection and evaluation reports and through informal processes, such as regular contact with members and visiting members' organization. Community requirements are identified formally through Member's General Meetings and informally through the Board of Director's contact with its organization and community. The organisation determines customer eg funding body requirements

through funding contracts and agreements. These requirements are entered in our Compliance Register on the Intranet and monitored by a member of Senior Management Team and the Board.

7.4. Suppliers and Purchasing

The supply process incorporates supplier assessment, order placement, receipt and where required - inspection of goods, control of non-conforming goods and the authorisation of payment to suppliers and contractors.

The supplier management process is structured to:

- identify and select suppliers with the capability to meet AMSANT Aboriginal Corporation 's needs;
- establish criteria for selection, evaluation, qualification, and certification of suppliers;
- ensure continuity of supply;
- ensure that critical materials and services are purchased only from qualified sources; and
- monitor and provide feedback on supplier performance.

The purchase process is documented and structured to meet the following requirements:

- ensure that purchasing documents clearly describe the product ordered
- ensure that purchased products conform to purchase requirements
- communicate to suppliers the appropriate product, quality, and delivery requirements
- ensure that purchased materials and services used meet government, safety, and environmental regulations
- ensure that the finished product and packing materials meet the provisions of regulatory and customer requirements

8. MEASUREMENT, ANALYSIS AND IMPROVEMENT

8.1. Management Commitment

The Senior Management Team is responsible for planning and implementing the monitoring, measurement, analysis and improvement processes needed to:

- demonstrate conformity of the service/program to client needs;

- ensure systems and procedures, as described, are being followed and are working as intended; and

- continually improve the effectiveness of systems, processes and the Quality Management System.

8.2. Internal Audit and Continual Improvement

Internal audits of the Quality Management System are undertaken at least once per annum to confirm that the function concerned is adhering to the AMSANT Aboriginal Corporation Procedures.

A comprehensive Audit Program is compiled at least a year in advance, however should needs be identified, the frequency of an audit may be increased at the discretion of the relevant Manager.

Audits are undertaken by staff auditors who are trained in auditing and not directly responsible for the functions being audited within the organisation. Non-conformance observed is brought to the attention of the person responsible, and is recorded, documented and subject to timely corrective action to ensure full rectification.

Continual improvement is an ongoing activity through which opportunities for improvement are identified and actions are generated. This process is formalised through the use of the Continual Improvement Register on the AMSANT Intranet.

8.3. INTERNAL AUDITS LIST

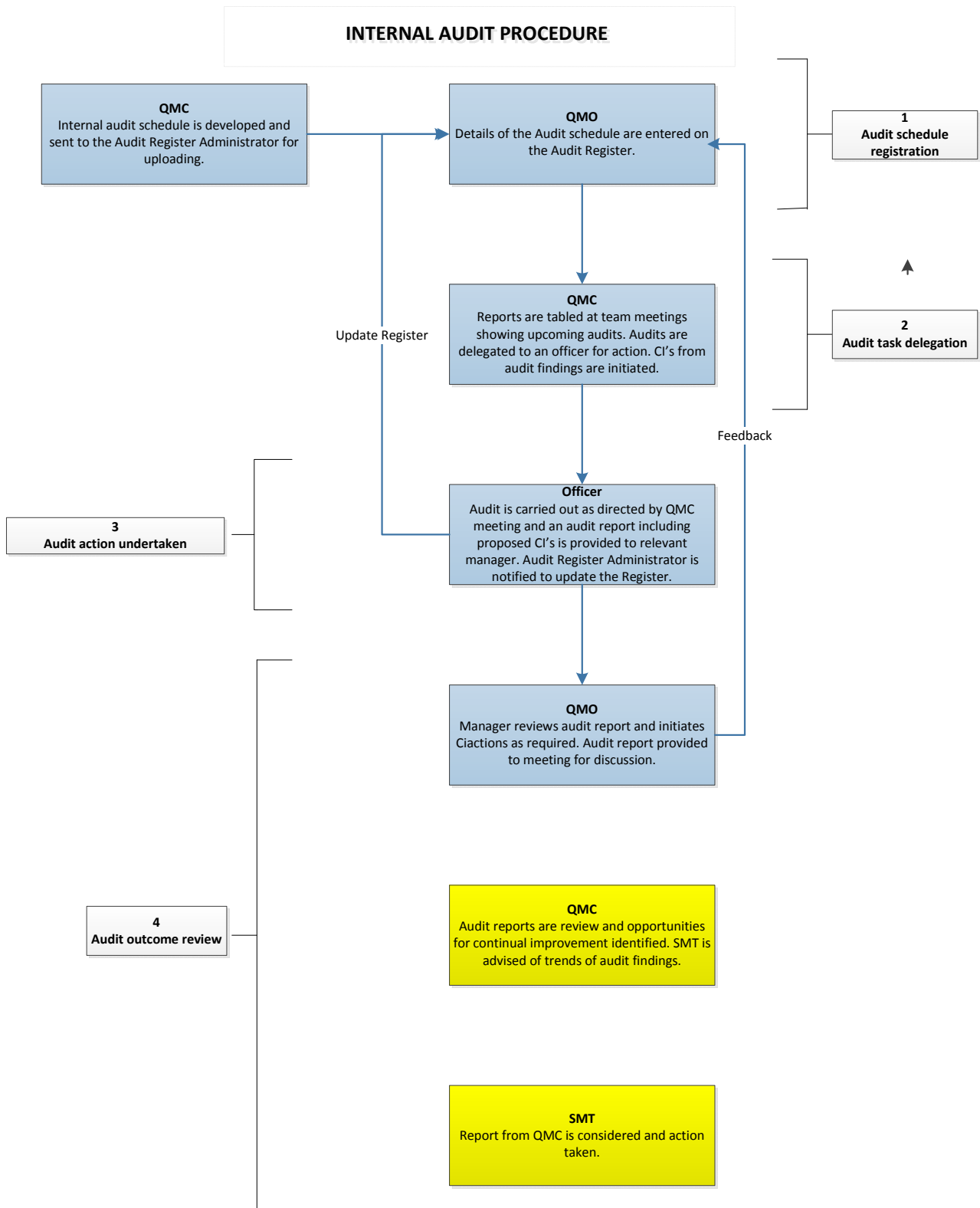AMSANT conducts the following internal audits on its Quality Management System functions:
- Asset Process and Repairs-Maintenance System Audit
- Compliance Management and Task Delegation Audit
- Continuous Improvement Register audit
- Controlled Document Management Audit
- Feedback Audit
- HR Systems Audit
- ICT Systems – Including Disaster Recovery Audit
- QMS Audit
- Work Health and Safety Audit

8.4. INTERNAL AUDIT PROCEDURE

Reference: 305_Internal Audit Procedure V2.1

INTERNAL AUDIT PROCEDURE

QMC Internal audit schedule is developed and sent to the Audit Register Administrator for uploading.	**QMO** Details of the Audit schedule are entered on the Audit Register.	**1** **Audit schedule registration**
	QMC Reports are tabled at team meetings showing upcoming audits. Audits are delegated to an officer for action. CI's from audit findings are initiated.	**2** **Audit task delegation**

Update Register

Feedback

3 **Audit action undertaken**	**Officer** Audit is carried out as directed by QMC meeting and an audit report including proposed CI's is provided to relevant manager. Audit Register Administrator is notified to update the Register.	
	QMO Manager reviews audit report and initiates CIactions as required. Audit report provided to meeting for discussion.	
4 **Audit outcome review**	**QMC** Audit reports are review and opportunities for continual improvement identified. SMT is advised of trends of audit findings.	
	SMT Report from QMC is considered and action taken.	

8.5.   CONTINUAL IMPROVEMENT PROCEDURE

Reference: 302_ AMSANT Continuous Improvement Procedure V1.1

CONTINUOUS IMPROVEMENT PROCEDURE

Officer
Continual improvement opportunity (corrective or preventative action) is identified.

Officer
CI is suggested/reported on the CI register on the AMSANT intranet.

1
CI action recommendation

Feedback

QMC
Reports are tabled at team meetings showing CI actions that have been proposed since the last meeting. Manager/team delegates action to an officer.

2
CI task delegation

3
CI action undertaken

Officer
CI Action is carried out as directed by QMC meeting and reported to relevant manager.

4
CI approved

Corporate Section
CI action reviewed and approved

5
Quality system monitoring

QMC
Report from the CI Register showing CI's and their related action and completed dates is analysed to assess timeliness of action. SMT is advised of effectiveness of system and opportunities for improvement.

SMT
Report from QMC is considered and action taken.

8.6. NON CONFORMING PRODUCT PROCEDURE

Reference: 306_Non Conforming Product Procedure V2

8.7. RECORDS HELD BY THE ORGANISATION

Reference: 303_AMSANT Control of Records Procedure V1.1

Record #	Clause	ISO Standards Description	Records kept	Location
1	5.6.1	Management reviews	QMC Minutes Reports to QMC	TRIM
2	6.2.2 e	Education, training, skills and experience	Training and Licensing requirements Training request and approval records Staff Training Plans Certificates	TRIM
3	7.1 d	Evidence that the realization processes and resulting product fulfil requirements	Acquittal reports to funding bodies Program evaluation reports Client feedback	TRIM, Intranet
4	7.2.2	Results of the review of requirements related to the product and actions arising from the review	Contracts Register Compliance Register Program evaluation reports Staff performance reports Continual Improvement Register Annual Report	TRIM, Intranet
5	7.3.2	Design and development inputs relating to product requirements	Not applicable	
6	7.3.4	Results of design and development reviews and any necessary actions	Not applicable	
7	7.3.5	Results of design and development verification and any necessary actions	Not applicable	
8	7.3.6	Results of design and development validation and any necessary actions	Not applicable	

Record #	Clause	ISO Standards Description	Records kept	Location
9	7.3.7	Results of the review of design and development changes and any necessary actions	Not applicable	
10	7.4.1	Results of supplier evaluations and any necessary actions arising from the evaluations	Evaluation and selection of suppliers Supplier Evaluation Report to QMC Supplier Register Continual Improvement Register	TRIM, Intranet
11	7.5.2 d	As required by the organization to demonstrate the validation of processes where the resulting output cannot be verified by subsequent monitoring or measurement	NA	
12	7.5.3	The unique identification of the product, where traceability is a requirement	NA	
13	7.5.4	Customer property that is lost, damaged or otherwise found to be unsuitable for use	Lost and found records Lost and found policy	TRIM
14	7.6 a	Basis used for calibration or verification of measuring equipment where no international or national measurement standards exist	NA	
15	7.6	Validity of the previous measuring results when the measuring equipment is found not to conform to requirements	NA	
16	7.6	Results of calibration and verification of measuring equipment	NA	
17	8.2.2	Internal audit results and follow-up actions	Audit Register Audit Reports Continual Improvement Register Compliance Register	TRIM, Intranet
18	8.2.4	Indication of the person(s) authorizing release of product.	NA	
19	8.3	Nature of the product nonconformities and any subsequent actions taken, including concessions obtained	Continual Improvement Register Complaints Register	Intranet
20	8.5.2 e	Results of corrective action	Continual Improvement Register Feedback Register WHS Register Repairs Register	Intranet
21	8.5.3 d	Results of preventive action	Continual Improvement Register Feedback Register WHS Register Repairs Register	Intranet

ADDITIONAL RECORDS

Record #	Description	Location
1	Purchase orders	Intranet
2	Invoices	Finance Cabinet
3	Annual financial audits	Corporate Section, TRIM
4	Funding acquittals	Corporate Section, TRIM
5	Contracts	TRIM
6	Position descriptions	Corporate Section, TRIM
7	Member consultations	TRIM
8	Planning documents	Corporate Section, Intranet, TRIM
9	Evaluations	Corporate Section, TRIM
10	Executed Funding Agreements	TRIM, Corporate Section & Intranet