Quality Self-Assurance Review Summary

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South West Institute of TAFE

RTO number: 3120
CRICOS number: N/A
Date finalised: 26 May 2022

Australian Government
Australian Skills Quality Authority

ASQA

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Provider Details

Provider's legal name:	South West Institute of TAFE
Trading name/s:	South West TAFE
RTO number:	3120
CRICOS number:	N/A
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Nominated Contact of Provider:	Name: Mr Mark Fidge Position: CEO Phone: 0407 557 623 Email: mark.fidge@swtafe.edu.au
Registration VET expiry date:	30 June 2022
Renewal Applications received:	RENVET0005316
Self-Assurance Review ID:	AUDREC0011684

Quality Self-Assurance Review team

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Quality Self-Assurance Review Background

The Australian Skills Quality Authority (ASQA) is committed to best practice regulation – that is we take a risk-based approach to regulation focused on delivering quality outcomes, while minimising the regulatory burden on regulated entities wherever possible. ASQA recognises the valuable opportunity to engage with providers prior to their renewal of registration falling due. This early engagement, described as a Quality Self-Assurance Review, is intended to focus on the systems and controls providers have in place to self-identify and treat any risks relating to the delivery of quality student outcomes. The review supports a more streamlined, efficient and effective decision-making process for renewal of registration applications for both ASQA and providers, once received.

In July 2021 ASQA, in consultation with the Victorian TAFE Association, conducted a presentation to the 16 Victorian TAFE's Chief Executive Officers outlining ASQA's intent to conduct a Quality Self-Assurance Review on the providers' systems and practices. The scope of the review is underpinned by self-assurance Clauses 2.2, 6.5, 7.1 and 8.6 of the Standards for Registered Training Organisations 2015 (Standards for RTOs).

ASQA sent each provider a formal request to conduct a self-assessment and submit a two-to-three-page response to four key operational areas which primarily focussed on quality student outcomes, self-assurance and continuous improvement. The four key questions were as follows:

- How has the provider embedded self-assurance practices and continuous improvement into its operating model? (Clauses 2.2 & 6.5)

- What systems does the provider have in place to ensure the provider's business objectives and risk management strategies align with RTO Standards? (Clauses 2.2 & 8.6)

- What process does the provider use for internally reporting any identified non-compliances, and how does the executive management and corporate board engage in the resolution process? (Clauses 2.2, 7.1 & 8.6)

- How does the provider determine when it is necessary to inform staff and clients of any changes to legislative and regulatory requirements that affect service delivery? (Clause 8.6)

In conducting the review, ASQA has taken into account provider responses to each of the key four questions, provider compliance history, as well as other information, including compliance reports provided by other regulatory bodies i.e. the Department of Education and the Training Victoria (DET Vic) and Tertiary Education Quality and Standards Agency (TEQSA).

ASQA also requested unique evidence relevant to each provider's operations, specifically relating to evidence of risks management.

This Quality Self-Assurance Review summary outlines the findings below and sets out ASQA's views, based on a risk assessment, on whether to approve the renewal of registration application, or if further engagement with the provider (such as a performance assessment) is necessary for ASQA to be satisfied that the requirements of registration continue to be met. The summary also makes recommendations on how providers can further strengthen their self-assurance practices.

Quality Self-Assurance Review Outcome Summary

This summary details findings and identifies any risks with the provider's self-assurance systems and controls in line with the *Standards for Registered Training Organisations (RTOs) 2015* (Standards for RTOs) and the *National Code of Practice for Providers of Education and Training to Overseas Students 2018* (National Code)

Based on the findings of this review, ASQA has confidence that you have suitable self-assurance systems and practices for delivering quality training and assessment in line with the requirements under the legislation and therefore, we do not need to conduct a further review and will grant your renewal of registration VET application.

Quality Self-Assurance Risks Outcome levels of the provider

The provider's overall self-assurance systems and controls risk level is Low

Standards for RTOs	Risk level
Clause 2.2 The RTO: a) systematically monitors the RTO's training and assessment strategies and practices to ensure ongoing compliance with Standard 1; and b) systematically evaluates and uses the outcomes of the evaluations to continually improve the RTO's training and assessment strategies and practices. Evaluation information includes but is not limited to quality/performance indicator data collected under Clause 7.5, validation outcomes, client, trainer and assessor feedback and complaints and appeals.	Low
Clause 6.5 The RTO: a) securely maintains records of all complaints and appeals and their outcomes; and b) identifies potential causes of complaints and appeals and takes appropriate corrective action to eliminate or mitigate the likelihood of reoccurrence.	Low
Clause 7.1 The RTO ensures that its executive officers or high managerial agent: a) are vested with sufficient authority to ensure the RTO complies with the RTO Standards at all times; and b) meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3.	Low

| **Clause 8.6** | Low |
| The RTO ensures its staff and clients are informed of any changes to legislative and regulatory requirements that affect the services delivered. | |

Self-Assurance Evidence Reviewed

- Website: https://www.swtafe.edu.au, accessed 19/5/2022
- ASQA Request 1 Response document, submitted 14/4/2022

Documents held in the folders titled:

- Folder 1 - TAS Panel reviewed documents
- Folder 2 - Review of TAS Review Panel process
- Folder 3 (A) - Professional Profile
- Folder 3 (B) - Professional Profile
- Folder 3 (C) - Professional Profile
- Folder 4 - Teaching Quality Assurance processes
- Folder 5 - CI Register process and actions
- Folder 6 - Assessment Panel process
- Folder 7 - Validation
- Folder 8 - Interaction of CI Register and Complaints, Feedback and Grievances
- Folder 9 - Recent Audit approved by Board
- Folder 10 - Executive Approved Review
- Folder 11 - Identification and management of systemic trend
- Folder 12 - Student Journey Dashboards
- Folder 13 - E2E Review
- Folder 14 (A) - Example of change management
- Folder 14 (B) - Continuation of Example of change management

ASQA Request for additional evidence response documents, submitted 24/5/2022:

- 01. Summary
- 02. Communication Matrix & Action Plan
- 03. Communications Principles
- 04. PPP108 Media Communication Guidelines
- 05. Student Staff Comms Plan TEMPLATE
- 06. Example Child Safety Standards Comms Plan MarSept2022

Summary of the Quality Self-Assurance Review Findings and Risk Assessment

Standards for RTOs 2015 – Standard 2

The operations of the RTO are quality assured.

Clause 2.2   **Risk Level: Low Risk**

The RTO:

- systematically monitors the RTO's training and assessment strategies and practices to ensure ongoing compliance with Standard 1; and

- systematically evaluates and uses the outcomes of the evaluations to continually improve the RTO's training and assessment strategies and practices. Evaluation information includes but is not limited to quality/performance indicator data collected under Clause 7.5, validation outcomes, client, trainer and assessor feedback and complaints and appeals.

Summary of Findings

The provider is ultimately responsible for ensuring quality training and assessment within their organisation and scope of registration, regardless of any third party arrangements where training and/or assessment is delivered on their behalf. This includes all third party arrangements where the AQF certification documentation will be issued by the provider.

The provider must have appropriate systems in place for developing, implementing, monitoring and evaluating quality training and assessment strategies and practices so that they meet training package and VET accredited course requirements.

The provider must use the outcomes of the evaluation activities on their performance to quality assure its services and improve training and assessment practices. The information used to evaluate its performance must be relevant to its operating characteristics and business objectives.

- The provider has submitted documents that demonstrate:

    - it has a high level understanding of its responsibilities regarding ensuring quality training and assessment within the organisation and across its scope of registration. Accountability is included in the suite of organisational values, and responsibilities regarding quality assurance are embedded into the organisational structure as follows:

        o quality assurance of design and delivery of training and assessment lies in the Executive Education portfolio

        o oversight of quality assurance, continuous improvement, academic governance, professional development and teacher support lie in the Education Support portfolio

        o Corporate Services, which are independent of the Education areas, take oversight of internal audit and risk control.

    (Website: https://www.swtafe.edu.au, accessed 19/5/2022)

- it has systems in place for the development of training and assessment that include:

  – annual review of the training products on scope to ensure they are meeting the business needs of the provider and are supported by industry and community stakeholders

  – review panel approval (TAS Panel) of all training and assessment strategies prior to release to ensure all requirements of the training products are being met

  – review panel approval (Assessment Panel) of assessment tools for all new to scope training products.

  (ASQA Request 1 Response document, submitted 14/4/2022, Evidence Folders 1,2,6)

- it has systems in place for the implementation of training and assessment that include:

  – publishing endorsed and identified training and assessment strategies into a centralised repository (TAS Library) for access as a control mechanism to ensure only approved strategies are used

  – trainers and assessors listed within a training and assessment strategy are cross checked against a data base (Professional Profile) to ensure qualifications, professional development activity and industry currency meet the requirements of the training product

  – quality assurance activities such as moderation and review of student and industry feedback are scheduled for teaching departments biannually to capture continuous improvement opportunities.

  (ASQA Request 1 Response document, submitted 14/4/2022, Evidence Folders 2, 3, 4, 5, 7)

- it has systems in place for the monitoring of training and assessment that include:

  – scope of registration monitoring to ensure transition of students between training products occurs in accordance with designated requirements

  – annual review of the templates used for development of training and assessment strategies to ensure alignment with business practice, contract reference and data requirements

  – biannual update of personal professional profile information by trainers and assessors as a requirement of continued employment

  – biannual review of delivery of training and assessment by teaching departments to inform training and assessment strategy review and continuous improvement opportunities

  – random sampling of teaching department assessment tools for quality review by the Assessment Panel

  – a validation schedule which is managed by a dashboard platform (Tableau) and findings recorded in the Continuous Improvement register which allows centralised monitoring to identify any possible systemic issues.

  – feedback mechanisms through a range of platforms including online (website), surveying, course progressions and end surveys and direct contact

  – a scheduled annual internal audit which is targeted at Board nominated business focus areas, with random selection of scope items for review

(ASQA Request 1 Response document, submitted 14/4/2022, Evidence Folders 2, 3, 4, 5, 6, 7)

- it has systems in place that are used to evaluate the provider's performance:
  - a centralised, organisational Continuous Improvement Register which is used to:
    - analyse findings from the monitoring activities utilised by the provider to identify any emerging patterns of practice or systemic issues which need to be addressed
    - assess and address any individual opportunities
    - the development and implementation of a dashboard platform (Tableau) that monitors and analyses the 'end to end' journey of a student and triggers a signal that support may be required at the stages of pre-application, application, enrolment or continued engagement.

  (ASQA Request 1 Response document, submitted 14/4/2022, Evidence Folders 12, 13)

Exemplars reviewed demonstrated that:

- transition of *HLT54115 Diploma of Nursing* to *HLT54121 Diploma of Nursing* qualifications has been identified by the TAS Library system and impacted students are notified of options available to them (Folder 4)

- the Training and Assessment Panel (TAS Panel) review process undertaken for *CHC40313 Certificate IV in Child Youth and Family Intervention* and *TAE40116 Certificate IV in Training and Assessment* was in accordance with the provider's TAS Panel and Process Guidelines. The training and assessment strategy template used provides a sufficiently detailed framework for delivery and assessment. Industry consultation and target cohort needs have been considered in the training and assessment development and review (Folder 2)

- the six staff evidence folders reviewed for trainers and assessors delivering *22325VIC Course in Workplace Spotting for Service Assets* and *SHB30115 Certificate III in Beauty Services* held documents and information for each staff member that were verified and relevant to the training product requirements. Each staff file held an extract from the Professional Profile data base that demonstrated trainer and assessor requirements, currency of industry skills and vocational competencies were met (Folders 3(A), (B) and (C))

- the annual reviews conducted by the teaching departments for *UEE30811 Certificate III in Electrotechnology* and *HLT54115 Diploma of Nursing* included:
  - a checklist that targeted compliance and quality requirements for learning resources, teacher resources, assessment instruments, including the Principles of Assessment and Rules of Evidence, and an improvement plan to note any systemic issues that may have been identified (Folder 4)
  - validation of assessment judgements that were undertaken using a template which included when assessment validation will occur, which training products will be the focus of the validation, who will lead and participate in validation activities and how the outcomes of these activities will be documented and acted upon (Folder 4)
  - randomly selected units that underwent Assessment Panel review resulting in the teaching department request for withdrawal of review for the *HLT54115 Diploma of Nursing* units due to the number of amendments required in the assessment

documents and records of discussion for Assessment Panel approved units from *UEE30811 Certificate III in Electrotechnology* (Folder 4)

— industry engagement register extracts with records of feedback on current delivery and emerging trends in industry (Folder 4)

- the records held in the Continuous Improvement register are risk managed by the use of a risk matrix and allocated to an appropriate person for action with an expected completion date. There is a Corrective Action Monitoring Plan template to record actions taken and outcomes achieved (Folder 5)

- the data held in the dashboard platform (Tableau) for the *HLT54115 Diploma of Nursing* student shows a timeline from initial engagement with the provider to their current status of enrolled, with completion of some units of competency. There are colour coded graphics to allow easy reding of the information and records of any conversations. There is a report to identify any students who have not commenced their scheduled units. (Folder 12)

- it is noted that the continuous improvement review of the 'enquiry to enrolment' process has been completed and recommendations from the final report are under consideration. (Folder 13)

Self-Assurance Findings Summary	No further actions required

The evidence reviewed confirms that South West Institute of TAFE:

- has systems in place to systematically monitor its training and assessment strategies and practices to ensure ongoing compliance with Standard 1

- has systems in place to collect evaluation information from industry, staff and students

- has a centralised continuous improvement register to capture the outcomes of its monitoring activities

- conducts regular analysis of the outcomes of its monitoring activities to identify opportunities for improvement, emerging trends or systemic issues

- has systems in place to action any identified issues to continually improve the RTO's training and assessment strategies and practices.

Areas for Improvement

The following areas of self-assurance practice improvements were identified during review of the evidence submitted:

- quality and performance indicator data, which is collected under Clause 7.5, and submitted to ASQA annually should be included in the practice of collection of evaluation information

- third party teaching staff utilised by the provider should be included in all relevant quality assurance activities.

Standards for RTOs 2015 – Standard 6

Complaints and appeals are recorded, acknowledged and dealt with fairly, efficiently and effectively.

Clause 6.5   **Risk Level: Low Risk**

The RTO:

a) securely maintains records of all complaints and appeals and their outcomes; and

b) identifies potential causes of complaints and appeals and takes appropriate corrective action to eliminate or mitigate the likelihood of reoccurrence

Summary of Findings

The provider must have systems and/or processes in place to review records of complaints and to identify potential causes of complaints and appeals. The provider's systems and processes must link into the continuous improvement of training and assessment strategies and practices and allow the provider to take appropriate corrective action to eliminate or mitigate the likelihood of reoccurrence.

The provider has submitted documents and exemplars that demonstrate:

- it has a system in place to capture and review records of complaints and to identify potential causes of complaints and appeals that comprises:

  - a range of formal and informal methods to register complaints and grievances

  - a complaints and appeals policy and associated procedures that include a process and procedure for the secure maintenance of confidential records

  - a nominated Complaints Officer to oversee the process and maintain records

  - a centralised, organisational Continuous Improvement Register that is used to record findings from the complaints and appeals activities which are utilised by the provider to identify any emerging patterns of practice or systemic issues which need to be addressed.

    (ASQA Request 1 Response document, submitted 14/4/2022, Evidence Folder 8)

Exemplars reviewed demonstrated that:

- only complaint records that have an associated opportunity for improvement are recorded in the Continuous Improvement Register. These records hold a unique Continuous Improvement Register identifier and linked to their original source, in this case, the Complaints Register with their unique Complaints Register identifier (Folder 8)

- it is noted that exemplars of complaints received and registered, that were not identified as opportunities for improvement, were not provided for review.

Self-Assurance Findings Summary   **No further actions required**

The evidence reviewed confirms that South West Institute of TAFE:

- has a process and procedure that are implemented to ensure it securely maintains records of all complaints and appeals and their outcomes

- has a centralised continuous improvement register to capture the outcomes of its complaints and appeals activities which is used for systemic analysis and identification of potential causes of complaints and appeals

- has a process and procedure for corrective action for identified issues which is used to eliminate or mitigate the likelihood of reoccurrence.

Standards for RTOs 2015 – Standard 7

The RTO has effective governance and administration arrangements in place.

Clause 7.1   **Risk Level: Low Risk**

The RTO ensures that its executive officers or high managerial agent:

a) are vested with sufficient authority to ensure the RTO complies with the RTO Standards at all times; and

b) meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3.

Summary of findings

The provider must be viable, so its business and practices do not negatively impact on the quality of its training and assessment outcomes and on learners.

The provider must ensure it only appoints executive officers and high managerial agents that meet the Fit and Proper Person requirements.

The provider must assign executive officers and high managerial agents with sufficient authority to ensure its operations comply with the RTO Standards at all times.

The provider has submitted documents and exemplars that demonstrate:

- it is governed by a Board which delegates power to the Chief Executive Officer (CEO) to ensure compliance with legislative requirements, including the Regulatory Standards. All Board members are required to complete a Fit and Proper Person declaration which is reviewed on an annual basis

- the CEO delegates operational responsibility to each of the four Executive Managers (Executive Team) for their relevant portfolios. Each Executive Manager is accountable for briefing the CEO on matters of non-compliance:

  – the Executive Manager, Education, reports operational outcomes of the Board of Studies (BOS) activities to the Executive Team for consideration and determination of risk prior to delegating for action

  – the Executive Manager Corporate Services prepares an annual audit charter which is endorsed by the Audit Risk and Compliance Committee of the Board. This charter includes audit of financial controls. Any non-compliance identified through the audit process is reported to the Committee

  – Education Support and Student Experience issues are detected by analysis of the risk register, which is maintained by the Audit and Compliance officer, who informs the nominated risk owner in order for action to be taken.

  (ASQA Request 1 Response document, submitted 14/4/2022, Evidence Folders 1 -11)

- in addition to the internal complaints and appeals systems, the provider engages an independent external service to mitigate the risk that concerns of suspected fraud, corruption and serious misconduct will not be raised due to fear of retribution or reprisal.

   (ASQA Request 1 Response document, submitted 14/4/2022, Evidence Folders 1-11)

Exemplars reviewed demonstrated that:

- the policy and procedure documents associated with the review of clauses 2.2, 6.5 and 8.6 reflect the practice of elevation of matters to the Executive, CEO and Board. (Folders 1-11)

- there was practice of escalation of issues identified in accordance with the governance system described. A project was undertaken as a result of internal audit identification of systemic gaps in the locating and quality checking of assessment tools prior to their use, and inconsistencies in process and templates used by the Assessment Review Panel. The systemic issue identified was raised with the Board of Studies, taken to the Executive Team by the Executive Manager, Education and devolved to the teaching departments as an activity identified as 'the Assessment Project' which is being monitored on the Continuous Improvement Register. Whilst the project is still active, outcomes of this activity should be reported back to the Board in accordance with the policy and procedure reporting requirements.

Self-Assurance Findings Summary   No further actions required

The evidence reviewed confirms that South West Institute of TAFE:

- has a governance system that ensures its executive officers are vested with sufficient authority to ensure the RTO complies with the RTO Standards at all times

   have a system in place to ensure the executive officers meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3.

Standards for RTOs 2015 – Standard 8

The RTO cooperates with the VET Regulator and is legally compliant at all times.

Clause 8.6   **Risk Level: Low Risk**

The RTO ensures its staff and clients are informed of any changes to legislative and regulatory requirements that affect the services delivered.

Summary of Findings

The provider must ensure that there are two way communication protocols and process in place to ensure its staff and clients are informed of any changes to legislative and regulatory requirements that affect the services they deliver.

The provider has a set of Communication Principles, Media Communication Guidelines and templates for the development and implementation of a communication activity that would be applied to communicate any changes to legislative and regulatory requirements that affect the services they deliver to current and potential stakeholders, both internally and externally. (Additional Evidence response documents, submitted 24/5/2022)

Examples of implementation of the Communication Principles, Media Communication Guidelines were:

- actions taken to develop and implement a strategy to communicate legislative and regulatory changes required due to the COVID-19 pandemic that impacted its service delivery was provided. The strategy included how relevant staff reviewed and analysed the advice to be provided, and examples of the communication modes that were used to inform relevant stakeholders

- the Communications Plan Child Safety Standards, developed March-September 2022, to convey information regarding the Victorian Government announcement of new Child Safety Standards that will commence 1 July 2022. The communications plan has identified the stakeholders, both internal and external, that may be impacted, the target audience for receiving the information and the key messages. It includes a timeframe for dissemination of timely information, consideration of modes of communication for delivery of the information to the target group of the communication activity.

(ASQA Request 1 Response document, submitted 14/4/2022, Evidence Folders 14a and 14b, Additional Evidence response documents, submitted 24/5/2022)

Self-Assurance Findings Summary	No further actions required

The evidence reviewed confirms that South West Institute of TAFE:

- has developed a strategy for communication of change that impacts the services it delivers

- has an overarching protocol or process in place aimed at providing guidance on how the provider communicates any changes to legislative and regulatory requirements that affect the services they deliver to current and potential stakeholders, both internally and externally.