

## Section 2A - How To Use This Manual

Please read the following instructions carefully:

### 1. Definitions:

**1.1 Policies** reflect the "rules" governing the implementation of our processes. Procedures represent an implementation of policy and these have evolved over time as new tools emerge, new processes are agreed and/or changes/updated legislation.

**1.2 Procedures** may also be updated in response to a risk identified or as a result of environmental or structural change within the business. Please note procedures may also be referred to as SOPs (Standard Operation Procedures – see section 3.2)

### 2. Context:

We actively encourage staff and contractors to be vigilant and help us to challenge outdated procedures by bringing them to our attention. As of January 2019, the policies and procedural documents in this operations manual represent the most current version of all Quality Assurance documents available to the business and to staff and contractors.

### 2. Overarching Policies:

These policies are the original documents used in our previous Quality Assurance agreement with FETAC in 2009. Most if not all of these policies have been updated. As the business has evolved procedure documents were created to clarify and guide areas of the business concerned with a particular policy area. Procedure documents are referenced in these documents and cross referenced across the QA system as a whole. The overarching policy is the first document in each section of the operations Manual (see index). For the soft copy versions – the overarching policy is the only document title that is capitalised in each folder.

### 3. Format of Procedures and related documents:

Each section of the Operations Manual contains an index of contents which identifies one or more of the following:

**3.1 Procedures:** procedures will be identified by the letters **NLTS L** followed by a number or **NLTS LP** followed by a number e.g. **NLTS LP 008 Submitting Your Assignments**

**3.2 Standard Operation Procedures SOPs:** In the creation of this Operations Manual we found ourselves combining an old QA system with an updated more user-friendly QA system. Consequently, there were a large number of active documents already in use and embedded. We decided that from 2018 onwards procedural documents would be created using the reference SOP followed by a number. Currently at this writing there are 12 SOPs in the Operations Manual e.g. **SOP 9 – Tutor Scheme of Work**. From **2018** onwards all newly created documents will be identified in this format. There are no plans to amend the reference numbers of historical documents.

**3.3 Forms: Numbered** documents with the code **NLTS** followed by a number – these titled forms are typically administration templates used for efficiency and consistency of service to our clients and learners. The titles given to the document are indicative of their function e.g. **NLTS 0097 Feedback to Learners**

A significant number of documents included here will act as 'roadmaps' and will ordinarily 'live' in the area of the business where they are used e.g. **SOP 9 Tutor scheme of work** instructs tutors on the day to day management of their course folder.

#### 4. Document Review:

Policy and procedure “owners” are accountable for the timely review, updating, and dissemination of policies and procedures in their functional area. Assignment of responsibility for policies or procedures is accomplished through a series of delegations of authority. Delegations of authority assign authority and responsibility for actions and/or activities to specified company administrators. Given the nature and scale of the business almost all the documents are owned and controlled by the Quality Manager.

As the QA system is an active process all active documents are monitored and reviewed regularly. Some documents/sections remain static over a long period of time whilst others are reviewed/amended more frequently. Factors that influence the updating of policies/procedures/documents:

- Legislation
- Change in structure/infrastructure/process
- Feedback from tutors
- Feedback from learners
- Self-evaluation/desk monitoring
- Feedback from External Evaluator or any other external consultant/subject matter expert
- Risk analysis outcome
- Critical incidents
- Specific validation requirements
- Health & Safety

When developing new policy/procedure or revising existing policy/procedure, document will identify those who will be directly affected by new or revised conditions and will invite their views early in development discussions. This process also considers the input/voice of our clients and learners. **See point 7 below** for control, review and amendments.

#### 5. Accessibility:

These policies and procedures system should be accessible to all stakeholders and we have made every effort to present them in a format that can be understood by a wide audience. Stakeholders who may require access to these documents include:

- Learners
- Staff
- Management
- External Bodies e.g. QQI, PSA, HSA etc
- Contractors
- External Evaluators
- Members of the Quality Committee and quality sub committees
- Clients
- Companies

All documents are available in soft copy and are stored electronically in the Administrate system in a file entitled: Quality Assurance Documents/Operations Manual. As of February 2019, only one version of each document is in use – all other documents have been archived.

- To find an electronically saved document: use the search box; enter the reference number of the document that you are looking for.

## 6. Distributing documents:

Following a request for any form of QA information the following guidelines apply:

- Seek approval from the Quality Manager (some documents may not be suitable for general distribution)
- Select the appropriate document and either print or email (in PDF format only) to the client or learner.
- To find an electronically saved document: use the search box; enter the reference number of the document that you are looking for.

## 7. Process for amending a procedure/document/form & version control:

All suggested issues relation to any aspect of the Quality Assurance documents/Operations manual are addressed at the monthly Quality Panel meeting. The quality panel which consists of the quality manager, course leaders and tutors will consider the issue presented and make recommendations regarding the appropriate course of action. Records of these meetings are stored electronically. There is a live document QA Tracker which records all items for consideration, actions assigned, actions assigned to, amendment/amendment type, sign off of amendment and version number/date. If an amendment is recommended directions are given by the Quality Manager and the final sign off any document is made solely by the Quality Manager. In the event that a significant amendment is required there may be a need to present the document/s to the Quality Committee especially in instances where external expertise is required to develop a policy or a procedure.

**Note:** there is no facility to (and it is prohibited) for any member of staff or contractor to amend any QA document outside of the parameters outlined above. To do so would constitute a serious breach of protocol and associated penalties will apply.

## 8. Support/Training/Instruction:

All staff and contractors are given comprehensive induction training to help them to become familiar with the company's policies and procedures. Full details are set out in Section 4 of this manual. We provide ongoing support through the staff/contractor probation period. In addition, where significant changes are required additional training/instruction will be provided.

For further information or clarifications please contact: [janet@newlinkstraining.com](mailto:janet@newlinkstraining.com)

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