Refer to MSS-01 Management System Structure for additional supporting documentation and/or information to this Procedure.

WHO	WHAT	HOW
	1. GENERAL	
a) **All** *Members*	**SCOPE: This Procedure Covers…**	1) This procedure is an instructional document detailing "what" is to be done. Where considered necessary, the **Systems Administrator** will develop a more detailed document describing "how to" complete a task.
b) **All** *Members*	**Sections**	1) General 2) Responsibilities/Authorities 3) Creating new documents 4) Review and authorisation of documents 5) Controlled issue of documents 6) Changes to documents 7) Risk Management 8) External Docs e.g., Codes and Standards 9) Review Improvement Log entries 10) Process analysis 11) Employment Induction and Training 12) Internal audits 13) Performance measurement 14) Management System objectives 15) Management Review Meeting 16) Suggestions and improvements 17) Records
c) **All** *Members*	**System Overview**	1) Management System embraces a risk management framework which is based on relevant: a) **Legal documents** e.g., Acts, Regulations and supporting documents e.g., Codes and guides (refer SMA Main Menu → Results → Knowledge Base →Documents → Document Register → Part name or number of Standard) b) **Australian and international standards** (refer SMA Main Menu → Results → Knowledge Base → Documents → Document Register → Part name or number of Standard) c) What is **reasonably practicable** (refer SMA Main Menu → Results → Knowledge Base →Documents → Document Register → Reasonably Practical – Safe Work Australia) 2) Refer to the ***MSS-01 Management System Structure*** for details of system components. 3) **SMA (Systems Manager's Assistant)** is a database PNSG has adopted, and it is central to the management system. SMA is intended to help us: a) meet our responsibilities and maximise the effectiveness of the management system in all areas (Quality and OSH) b) understand how the management system fits together and to get the most from the management system c) gain access to the management system documents d) reduce the amount of paper required to continually improve and maintain an effective management system

Refer to MSS-01 Management System Structure for additional supporting documentation and/or information to this Procedure.

WHO	WHAT	HOW
d) **All** *Members*	**Policies**	1) Refer: SMA → Policies for operational policies and a) ***xx Quality Management Policy Statement*** b) ***xx Health & Safety Policy Statement*** c) ***xx Environmental Management Policy Statement*** 2) Management System will comply with: a) ISO9001 – Quality Management b) ISO 45001 – Occupational Health & Safety Management c) ISO14001 – Environmental Management d) Management's requirements e) Government Codes and Regulations (specifically ACNC) 3) Maintain and audit the management system for improvement and risk minimisation, not just compliance
e) **All** *Members*	**Definitions**	1) **Risk** (legal repercussions, business loss): the possible penalties which can be applied to the company as a result of an actual or potential, undesirable event which the company is held accountable for by our legal system or may negatively affect our business. Risks are assessed by using the ***Risk Table*** and recorded in ***SMA Database***
	2. RESPONSIBILITIES/ AUTHORITIES	
a) **Chairman** **Secretary** **Systems Administrator**	**Responsibilities/ Authorities**	1) Executive management responsibilities (refer ***Position Descriptions***): a) establish and maintain ***Policies*** b) promote and encourage customer awareness at all levels c) provide adequate resources to the pursuit of quality and customer satisfaction d) promote a culture of continual improvement based on staff and customer feedback e) establish measurable targets for performance and continually monitor achievement 2) The **Chairman** (refer position description) is: a) responsible to ensure that member focus is recognised throughout the organisation, and is paramount to PNSG's success 3) The **Secretary** is appointed as the **Management Representative** by the **Chairman** 4) The **Systems Administrator** is: a) responsible for maintaining the **Management System** b) responsible for reporting on its performance and effectiveness 5) System Management responsibilities is recorded in ***Changes and Custodians*** (ref SMA → Main Menu → Changes and Custodians)
b) **Chairman**	**Delegation**	1) this is to indicate who takes the responsibilities/ authority when primary *Members* are absent 2) in the absence of the **Chairman**, nominees shall take over the responsibility of company's daily operations

WHO	WHAT	HOW
c) **Chairman** **Treasurer**	**Resources**	Reviewed at: 1) Management meetings to ensure adequacy of *Members* and equipment resources (Refer to the ***P-01 System Management*** 2) Daily planning meetings (Refer to the ***P-05 New Members and Fundraising*** 3) Review resources requirements at Monthly Meetings 4) Grant review (***P-05 New Membership and Fundraising*** initiation and commencement (***P-05 & P-06 Procedures)***
d) **Chairman** **Systems Administrator**	**Planning**	1) **Quality Planning** consists of a ***management system overview*** (MSS-01), flowcharts, method statements and audit schedule. ***A Common Quality Plan*** has been developed which incorporates requirements of **ACNC Regulations** and **ISO 9001** 2) Where required by grant, develop **project-specific plans** as required. Plans to incorporate: a) Committee requirements b) Code requirements c) Grant requirements and documents Note: ***Management Plans*** are also used as a reference document for hold, witness and monitor points. It is not required to initial each item on completion unless specified in contract documents. Also refer to the ***P-06 Service Delivery Procedure*** 3) **Member awareness/ internal communications** 4) Ensure Committee members understand the importance of member focus 5) Record at induction or ongoing training 6) Ensure all Committee members are made aware of all system requirements by: a) induction and training b) issued pertinent documentation (controlled) c) notification of amendments d) issue of specific memoranda where applicable e) audit and system reviews
	3. CREATING NEW DOCUMENTS	
a) **Systems Administrator**	**Requirements**	1) **Flowcharts** shall be formatted as shown in this flowchart 2) **Forms** are identified by their **title** shown in bold, in italics and underlined (if hyperlinked) in flowcharts
	4. REVIEW AND AUTHORISATION OF DOCUMENTS	
a) **Chairman** **Systems Administrator**	**Members**	1) Display titles of Members in "**who**" column of each procedure 2) Members listed are suitably authorised, trained and competent to perform associated tasks effectively and safely 3) Delegated Members (shown in brackets) take responsibility when primary *Members* are absent

Refer to MSS-01 Management System Structure for additional supporting documentation and/or information to this Procedure.

WHO	WHAT	HOW
b) **Chairman** **Systems Administrator**	**Preparation**	1) By the **Systems Administrator** in conjunction with executive management who carry out the tasks, identify: a) sequence/ process flow b) responsible *Members* c) forms to be used etc 2) Review draft document with relevant *Members*
c) **Chairman** **Systems Administrator**	**Documents Authorisation and Control**	1) Documents are stored electronically on computer controlled by **Systems Administrator** and are available as "read only" to users 2) Only the **Systems Administrator** and **Chairman** are authorised to edit documents in the Integrated Management System.
	5. CONTROLLED ISSUE OF DOCUMENTS	
a) **Systems Administrator**	**Revision Status**	1) The revision status of documents is by **date**
b) **Systems Administrator**	**Hard Copy Issue of Documents**	1) If the issue of controlled, hard copy documents is required (i.e., where access to the network is unavailable) the **Systems Administrator** records in ***SMA → Setup → Documents*** recording the position to which copies have been allocated
c) **Systems Administrator**	**Forms**	1) Forms are available electronically (from within the server using Windows Explorer, SMA Database or may be issued in hardcopy format to the same location as **flowcharts** which describe their use 2) Forms may be printed out, however print no more than needed for 7 (seven) days' normal use
d) **Systems Administrator** **Chairman**	**Control of SMA Management System**	1) Ensure that *Members* who affect quality of service have access to SMA and have adequate training (refer to the ***P-02 Human Resources Flowchart***) 2) System documents are available as "read only" unless user has editing rights
	6. CHANGES TO DOCUMENTS	
a) **Chairman** **Systems Administrator**	**Identify Changes**	1) The requirements for document changes can be identified by one or more of the following: a) review of ***Improvement Logs*** (ILs) b) **internal/ external audit reports** c) review of **Management Review Meeting** minutes d) **minor changes to documents** and **forms** based on verbal feedback
b) **Chairman** **Systems Administrator**	**Changed Document Information**	1) Only the **Systems Administrator** or **Chairman** are authorised to change documents 2) All *Members* are encouraged to discuss required changes with the **Chairman** or **Systems Administrator**

Refer to MSS-01 Management System Structure for additional supporting documentation and/or information to this Procedure.

WHO	WHAT	HOW
c) **Chairman** **Systems Administrator**	**Review / Authorise / Issue**	1) Changes shall be reviewed /authorised by the **Chairman or Systems Administrator** and issued as described in ***Section 4***. 2) Identify section(s) changed in Flowchart header "Sections revised" 3) Review and check document is accurate and complete before adding to Management System. If this function is delegated *Members* authorising change shall have access to pertinent background information upon which to base review and approval 4) Update ***Document Control Register*** in relevant Document tab within SMA → Setup → Documents (ref SMA Help – F1) 5) Record new and/of changed documents in Changes and Custodians (***SMA → Main Menu → Changes and Custodians***) 6) Review (and revise if required) internal documents annually
d) **Systems Administrator**	**Superseded Documents**	1) Superseded Management System documents are saved to a **Superseded Documents** folder on the server for reference only a) For all documents except ***Word documents***: i) Add date superseded to document filename using date format yyyy-mm-dd placing date just before e.g., ".doc" ii) All ***Word documents*** will be "Watermarked" with the word Superseded and the date it was superseded. 2) Other issued, superseded documents are to be removed from the point of **issue**/**use** and **destroyed**. This is the responsibility of the **Receiver** or **Systems Administrator** 3) The Receiver is also responsible for the renewal and/or identification of superseded documents when externally issued
	7. RISK MANAGEMENT PROCESS	
a) **Chairman** **Treasurer** **Systems Administrator**	**Risk Management Process Summary**	1) Develop and maintain a ***Master Hazard /Impact Register*** covering Quality, Health & Safety and Environmental in SMA (SMA → Setup → Hazards /Impacts → SMA Risk System). Use the register to help identify hazards and consequences when developing a ***Risk Assessment*** (spreadsheets) and/or a ***Job Safety Analysis*** a) Using ***Risk Assessment Template*** (spreadsheet) develop, control, and maintain a ***Safety Analysis*** 2) Identify activities not covered by a ***Safety Analysis*** as above. Typically, these activities may present a **minor risk consequence or higher (one LTI unit).** Activities may include (but not limited to): a) b) c) emergency response 3) Develop an activity-dedicated risk assessment using ***Risk Assessment Template*** for each activity identified 4) Consult with relevant and affected *Members* 5) Use ***Risk Matrix*** below to complete risk assessments and ***Safety Analysis*** 6) Provide effective training to relevant and affected *Members*

WHO	WHAT	HOW

b)

Chairman

Treasurer

Systems Administrator

RISK MATRIX

Likelihood of Happening	Consequences (Financial Loss)				
	Insignificant (<$1K)	***Minor*** (>$1K but <$10K)	**Moderate** (>$10K but <$100K)	**Major** (>$100K but <$500K)	**Catastrophic** (>$500K)
Almost certain (<1 week)	**S**	**S**	**H**	**H**	**H**
Likely (>1 week, <4 weeks)	**M**	**S**	**S**	**H**	**H**
Moderate (>1 month, <12 months)	**L**	**M**	**S**	**H**	**H**
Unlikely (>1 year, <3 years)	**L**	**L**	**M**	**S**	**H**
Rare (>3 years)	**L**	**L**	**M**	**S**	**S**

Legend: (*Inherent* Risk) H = High Risk -- S = Significant Risk -- M = Moderate Risk -- L = Low Risk

High (H): "Stop the job"; requires immediate executive management attention to rectify the hazard before the job can recommence.
Significant (S): Requires management attention within 7 (seven) days to prevent or reduce the likelihood and severity of an incident. Control action of a short-term nature would need to be taken immediately so that work could still be carried out with further long-term action taken to ensure that the hazard is controlled to a practicable level
Moderate (M): Requires management attention within 21 (twenty-one) days to prevent or reduce the likelihood and severity of an incident. Control action of a short-term nature would need to be taken immediately so that work could still be carried out with further long-term action taken to ensure that the hazard is controlled to a practicable level
Low (L): Tolerable however *maintain* current actions, resources, and strategies to prevent the escalation of the level of risk. Endeavour to lower risk further where practicable

8. EXTERNAL DOCUMENTS (E.G. CODES AND STANDARDS)

a)

Systems Administrator

Requirements

1) Codes, Standards Catalogues and Regulations/Acts are recorded on the business's **Standards Library List** and revision status verified by the **Systems Administrator** using the Standards Australia Catalogue and the business's **Standards Library List.**
2) Refer Method Statement ***MS 12 - External Document Management***
3) Identify new and review/update existing controlled external documents at least annually from appropriate website and/or alert systems.

Refer to MSS-01 Management System Structure for additional supporting documentation and/or information to this Procedure.

WHO	WHAT	HOW
	9. REVIEW IMPROVEMENT LOG ENTRIES	
a) **Chairman** **Treasurer** **Systems Administrator**	**Review Problems/Complaints/ Suggestion**	1) **NOTE: Upon receipt of a "complaint"** a) immediately acknowledge receipt of complaint to the complainant b) advise the complainant of an outcome or proposed action within seven (7) days c) discuss complaint with the **Chairman** or relevant **department head** or *Members* as required 2) Review other ***Improvement Log*** entries received electronically or hard copy version at least monthly in liaison with **department heads** (where applicable) 3) If not considered serious or is a one-off event, identify the corrective or preventive action on the ***Improvement Log*** 4) Where considered serious or when an adverse trend can be identified by a recurrence of minor or one-off problems (i.e., action is required to prevent recurrence). Action as per ***Item 7b*** 5) Receive details of events on an ***Improvement Log*** and where considered necessary raise an event (finding /outcome from any work-related activity) within in ***SMA Database*** (Refer F1 Help in ***SMA Database***) 6) When event is reviewed enter review date in "Review and Close Details" tab in ***SMA Database***
b) **Chairman** **Treasurer** **Systems Administrator**	**Investigate Why it Happened (if problem)**	1) Discuss and analyse the root causes with relevant **Members** involved 2) Record details of agreements, conversations etc in "Event History" tab in ***SMA Database***
c) **Chairman** **Treasurer** **Systems Administrator**	**Identify and Record Possible Solution**	1) Promptly investigate each event to an assigned risk level (refer Risk Matrix in this Flow Chart for required close out timeframe based on risk) 2) Liaise with other *Members* (as required) 3) Identify and record within SMA → Risk & Actions → Additional Controls possible solutions such as: a) change in flowchart or process b) additional training (refer to the ***P-02 Human Resources Flowchart***) c) replace, repair, modify equipment, d) identify the date for solution to be implemented
d) **Chairman** **Treasurer** **Systems Administrator**	**Evaluate the Solution**	1) In conjunction with the **relevant employee** and **Department Head,** evaluate the result of actions 2) If ineffective, investigate a new solution as per item above 3) Record details of agreements, conversations etc in "Event History" tab within ***SMA Database*** 4) If an event needs to be re-allocated to another SMA user and/or "Action Date" re-date, then record reason in Event History and Outcome tab

WHO	WHAT	HOW
e) **Chairman** **Treasurer** **Systems Administrator**	**Review and Close Out**	1) When event is reviewed enter review date in "Review & Close Details" tab in ***SMA Database*** 2) After the evaluation is considered to be effective: a) complete right side of "Review & Close Details" tab in ***SMA Database*** b) record summarised effective outcome in "Outcome" box within SMA
	10. PROCESS ANALYSIS	
a) **Chairman** **Systems Administrator**	**Review Improvement Log Entries**	1) In conjunction with the **Chairman and/or Department Head** the **Systems Administrator** print out and analyse/review ***Improvement Logs*** (SMA → Main Menu → Results → Suggestions and Improvements 2) Identify adverse trends and/or potential problems with relevant *Members* 3) If action is required, raise a new ***Improvement Log*** entry and process as per the ***P-10 Continual Business Improvement Flowchart***
	11. EMPLOYMENT INDUCTION AND TRAINING	
a) **Chairman** **Treasurer** **Systems Administrator**	**Monitor Employee Induction**	1) **Chairman and Treasurer -** Ensure that new *Members and Volunteers* have a Quality, Health and Safety awareness and have been trained in the relevant process ***procedures*** and/or ***method statements*** as appropriate
b) **Systems Administrator**	**Training Matrix and Records Updated**	1) Only record effective training in accordance with the ***P-02 HR Procedure***
	12. INTERNAL AUDITS	
a) **Systems Administrator**	**Plan Internal Audits**	1) Set up an ***Audit Schedule*** within SMA. 2) Ensure that all elements are audited: a) High – severe impact on business survival, permanent disability, or death – audit at least 6 monthly b) Significant – legal non-compliance or severe injury or financial loss - audit at least 9 monthly c) Medium – minor legal non-compliance or financial loss - audit at least 12 monthly d) Low – minor interruption to day-to-day activities - audit at least 24 monthly 3) Note: frequency of audits maybe varied depending on outcomes of previous audits (internal and external) or ***Improvement Log*** entries

Refer to MSS-01 Management System Structure for additional supporting documentation and/or information to this Procedure.

WHO	WHAT	HOW
b) **Chairman** **Systems Administrator**	**Audit Team**	1) Appointed qualified auditor: a) auditor must be qualified by successful completion of a recognised auditor's course or suitably trained in house by a qualified auditor b) can be an employee or contractor and independent of those who performed or directly supervised the activity being audited
c) **Systems Administrator**	**Confirm Audit Time and Scope**	1) Confirm with auditee, the date, time, and scope of the planned audit 2) Give at least one (1) week written notice of an audit
d) **Systems Administrator** **Auditor**	**Prepare Audit and Compile Report**	1) **Systems Administrator** is to allow document and records access to **auditor(s)** 2) Prepare audit in accordance with the following: a) review audit findings from previous audit b) print each document (e.g., Flowchart, Method Statement, Forms etc) to be audited c) use as a checklist and audit each section/ item 3) Verify compliance by: a) reviewing records b) reports of previous internal / external audits for trends or outstanding actions c) ensuring the system is fully understood by *Members* ,by asking questions d) ticking (√) as acceptable or making comments on the document (e.g., document not compiled or authorised correctly) 4) Clearly identify and record all problems and suggestions, discuss any corrective action with the **auditee** or **department head/ Leading Hands** 5) Verify all requirements of relevant standards have been addressed 6) Enter audit findings from audit notes into ***SMA Database*** and print out ***Audit Report*** 7) When appropriate, identify on the ***Audit Report***, the areas or activities which will be specifically addressed at next audit
e) **Systems Administrator** **Auditor**	**Review Audit Findings**	1) Discuss and **review audit** findings and proposed corrective action for problems/discrepancies with appropriate *Members* 2) Issue relevant ***audit reports*** (from within ***SMA Database***) 3) Identify date for corrective action to be implemented 4) Update ***SMA Database*** by assigning task responsibilities
f) **Chairman** **Systems Administrator** **Auditor**	**Carry Out Follow Up Activity and "Complete" Audit**	1) Ensure agreed corrective action(s) are planned/scheduled for prompt resolution by a competent employee/contractor (refer Section 7 ***Risk Matrix*** for response times for addressing detected non-conformities) 2) Ensure each event is promptly closed and is effective 3) **Chairman** to "approve ***"audit report"*** (in ***SMA Database***) as evidence audit has been completed

Refer to MSS-01 Management System Structure for additional supporting documentation and/or information to this Procedure.

WHO	WHAT	HOW
g) **Systems Administrator** **Auditor**	**Third Party Assessments**	1) Allow appropriate documentation access to the registering body 2) Review audit report from Third Party auditor 3) If necessary, clarify with Third Party auditor 4) Record audit findings (in ***SMA Database***) for each non-compliance and other significant points 5) Discuss third party audit report at next management meeting. If considered beneficial arrange extraordinary meeting 6) Ensure audit findings are promptly remedied 7) If requested by Third Party auditor give feedback on closed-out non-conformances raised, because of the external audit, by an agreed date
	13. PERFORMANCE MEASUREMENT	
a) **Chairman** **Treasurer**	**Performance Monitoring**	1) Performance Monitoring Indicators reviewed at management meetings minimum quarterly 2) Used to identify trends in the areas of. a) b) c) 3) Reviewed at management meetings in conjunction with other relevant data (refer ***Item xx***) If necessary, make appropriate changes to enable set targets to be achieved
	14. MANAGEMENT SYSTEM OBJECTIVES	
a) **Chairman** **Systems Administrator**	**To maintain a documented management system that;**	1) Meets requirements of: a) ACNC b) ISO 9001:2016 Quality Management System c) ISO 45001:2018 OH&S Management System d) ISO 14001:2016 Environmental Management System 2) Monitors Performance Indicators

WHO	WHAT	HOW
	15. MANAGEMENT REVIEW MEETING	
a) **Chairman** **Treasurer**	**Management Meeting**	1) Ensure a Management Review Meeting is held at least every six (6) months 2) Prepare for meeting: a) notify appropriate *Members*, in person or by e-mail at least one week prior to meeting and request attendees to: i) read through ADC Goals in SMA → Results → Goals/ Objectives to familiarise and comment on required changes as necessary at meeting ii) collate relevant information for assigned ***SMA Management (Review) Meeting Agenda*** items and ***Performance Indicators*** to present/discuss at the meeting b) ***Management Meeting Minutes*** blank form c) SMA statistics, e.g., print overview (SMA Main Menu) d) Setup Performance Indicators with relevant data for the period since the last meeting 3) Conduct meeting with a minimum of 3 (three) executive management *Members*: a) handwrite meeting minutes on ***Monthly Meeting Report*** b) address **all** agenda items using ***Management (Review) Meeting Agenda*** c) record actions allocated to attendees with agreed action date 4) Communicate meeting outcomes (where appropriate include uncontrolled meeting minutes) to relevant *Members*: a) by e-mail b) posting relevant information on the ***noticeboard*** c) workplace meetings d) ensure actions (including deadlines) are understood by relevant parties 5) Also refer to OHS-41 Management Review Procedure for more details
	16. SUGGESTIONS AND IMPROVEMENTS	
a) **All Members**	**Suggestions and Improvements**	1) Raise ***Improvement Log*** (IL) for each suggestion or undesirable incident that has happened or has the potential to happen

Refer to MSS-01 Management System Structure for additional supporting documentation and/or information to this Procedure.

WHO	WHAT	HOW
	17. RECORDS	
a) **Chairman** **Treasurer** **Systems Administrator**	**Requirements**	1) The ***Filing and Archiving Log and the IMS-10 Records Management Procedure*** indicates where records are **filed** and where appropriate, **archived** (in determining retention times, consideration is given to common law and Trade Practice Acts) 2) **Records** can be in any order, but generally **alphabetical, numerical** or **date** 3) Where records need to be reviewed by external bodies, access shall be at the discretion of the **Chairman or his nominee** 4) **Disposal (shredding) of records is authorised by the Administration Manager** 5) **Administration Manager or his nominee is responsible for the computer system backup** 6) **DAILY** a) A daily computer system backup in the cloud is carried out automatically up to 4 (four) times a day b) Random back-up checks are conducted by the Administration Manager 7) **SECONDARY BACKUP** a) a secondary back-up of main data files is to be stored on the main server and ghost drives for a rolling one-month period. b) all records shall be legible, readily retrievable and stored to prevent damage, deterioration, or loss 8) Any hard copy System Management records (i.e., external audits) shall be filed indefinitely in the **Systems Administrators working files**