

3.3.9 Corrective Action

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Policy area:	3.3 Monitoring and Evaluation
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Purpose

The purpose of this procedure is to detail how KWETB takes corrective action when a situation, issue or problem is identified and needs to be resolved.

Scope

This procedure applies to all FET Provision and FET Provision-Second Providers. There is an integrated single policy, with integrated procedures for FET Provision and FET Provision-Second Providers.

Preamble

The need for corrective action may emerge as a result of a variety of different processes, such as Internal Verification; External Authentication; Results Approval; Programme Review; Learner Appeals; Staff meetings; and Learner and Staff feedback, for example. For the monitoring and review process to be effective, corrective actions identified must be recorded, tracked for progress, and impact recorded. These can be included in the Quality Improvement Plan if the action is associated with improvement to a policy or procedure.

Corrective actions are measures that need to be undertaken to ensure that the issue will not occur in future. When corrective action has been put in place, it means that the situation has been re-instated to its original state. Preventative action puts in place arrangements that will prevent the issue or problem from recurring.

The Quality Team should implement corrective actions arising from incident report investigations and annual quality report findings.

The Quality Council and its sub-groups should monitor the impact of corrective actions.

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1	Once an issue is identified, the Quality Team should identify who is responsible for implementing the corrective action.
2	The person(s) responsible for implementing the corrective action should arrange a meeting with the relevant stakeholders to discuss the issue.
3	The person(s) responsible for implementing the corrective action should clearly outline the nature of the issue and research new approaches if necessary.
4	The person(s) responsible for implementing the corrective action should record actions and correction actions.
5	The person(s) responsible for implementing the corrective action and the relevant stakeholders should agree an implementation plan.
6	The person(s) responsible for implementing the corrective action should create a schedule of follow up meetings for progress review.
7	The person(s) responsible for implementing the corrective action should monitor progress through regular meetings with relevant stakeholders.
8	At the end of the process, the person(s) responsible for implementing the corrective action should record the impact of the corrective action and report progress to relevant Quality Sub-groups.
9	The relevant Quality Sub-group should report the Corrective Action taken and the impact of the corrective action to the Quality Council.

Links to other Policies and Procedures

1.1.1	Programme Review
1.3.10	Internal Verification
1.3.11	External Authentication
1.3.12	Results Approval
2.2.3	Learner Appeals
3.3.5	Quality Improvement Planning
3.3.7	Gathering feedback from learners and staff
Addendum 2	Monitoring and Recording Quality Assurance Management within Centres

