



Audit Report

SafeCert Awards Ltd

21 March 2023

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1 Background

This was the sixth audit of SafeCert Awards Ltd (SafeCert) since it was approved as an awarding body by SQA Accreditation on 17 April 2013.

SafeCert is a health and safety-based organisation and delivers qualifications such as First Aid at Work, Emergency First Aid, Manual Handling, Patient Handling, and Fire Safety. SafeCert headquarters are situated in Gortin, Omagh.

1.1 Scope

SQA Accreditation carries out quality assurance activity in line with its *Quality Assurance of Approved Awarding Bodies Policy*. This states the type and frequency of our quality assurance activities, describes our reporting procedures and indicates how the awarding body's Quality Enhancement Rating is calculated.

As this was a remote full audit of SafeCert all regulatory requirements were included within the scope of the audit. Our quality assurance activities are conducted on a sampling basis and, consequently, not all aspects of the awarding body's systems, procedures and performance have been considered in this report to the same depth.

SQA Accreditation audit reports are written by exception focusing only on those areas where corrective action is required or recommended. Consequently, this approach to audit reporting does not detail areas where compliance or good practice was found.

The audit was designed to ensure SafeCert complies with SQA Accreditation's regulatory requirements namely:

- ◆ *SQA Accreditation Regulatory Principles (2021)*
- ◆ all *Regulatory Principle Directives*
- ◆ the awarding body's Accreditation Licence

Awarding body documentation considered for review by the Audit Team includes all documents banked on SafeCert SharePoint site at the time of audit and information supplied to support audit activity. Restricted or commercially sensitive information gathered during SQA Accreditation's quality assurance activities is treated in the strictest confidence.

1.2 Audit Report and Action Plan Timescales

SafeCert audit date: 21 March 2023

Audit Report approved by

Accreditation Co-ordination Group on: 19 April 2023

Audit Report to be signed by SafeCert: 07 June 2023

Action Plan to be emailed
to regulation@sqa.org.uk by SafeCert: 07 June 2023

The process will apply in relation to the timescales specified above:

- ◆ The awarding body will be sent a signed copy of the Audit Report by email.
- ◆ The awarding body must sign the copy of the Audit Report and return by email to SQA Accreditation in accordance with the timescale specified above.
- ◆ The awarding body will also be emailed a copy of the Action Plan.
- ◆ The awarding body must complete and return the Action Plan in accordance with the timescale specified above and email this in Microsoft Word format to regulation@sqa.org.uk.
- ◆ SQA Accreditation will confirm when the Action Plan is appropriate to address the Issues and present it to Accreditation Co-ordination Group (ACG) for approval.
- ◆ Following approval by ACG, the awarding body will be sent a signed copy of the approved Action Plan by email.
- ◆ The awarding body must sign the copy of the Action Plan and return by email to SQA Accreditation.

The findings of this Audit Report and the associated Action Plan will be published on SQA Accreditation's website following signed agreement.

SQA Accreditation will continually monitor progress towards completion of the proposed actions identified in the Action Plan and update the awarding body's Quality Enhancement Rating as appropriate.

1.3 Summary of Audit Issues and Recommendations

An Issue has been recorded where evidence shows that the awarding body is not compliant with SQA Accreditation's regulatory requirements. The awarding body must address the Issues and specify corrective and preventative measures to address them through its Action Plan.

The Action Plan is emailed to SafeCert as a separate document to the Audit Report, and must be submitted to SQA Accreditation in accordance with the timescale specified in 1.2. As a result of the audit and post-audit activities, thirteen Issues have been recorded and one Recommendation has been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 1,7	There is a disconnect between awarding body written governance arrangements and the operational reality of the business. <i>Reporting Structure, version 1.1, September 2018</i> states "Governing Body oversee the organisations operations for the development, delivery and awarding" however in reality this is not possible. These written arrangements also appear to be more complex than required for an organisation of this size.	Very High
2. Principle 1	The Accreditation Auditors reviewed the methods the awarding body has utilised to prevent a conflict occurring between the awarding body and one of the providers. The actions put in place are not robust enough to mitigate conflict of interest in, for example, cases of complaints, appeals or malpractice/maladministration. Additionally, there was no evidence to suggest staff members had completed <i>Appendix 2 — Declaration of Conflict of Interest Form</i> , and <i>Appendix 3 — Register of Conflicts of Interests</i> does not include all SafeCert employees that have a conflict of interest.	Very High
3. Principle 2	At the time of audit, SafeCert could not demonstrate a clearly defined business plan showing evidence of management commitment, decision making and ongoing review.	High
4. Principles 1,3	The organisational structure did not reflect how the organisation is structured.	Medium

5. Principle 6	SafeCert's documented processes do not reflect the organisational staffing resource.	Medium
6. Principle 4	There is minimal understanding of how to manage and record reportable incidents.	Medium
7. Principles 5,6,15	SafeCert does not have clear guidance on the use of the new all-encompassing system, nor has it considered review of the system against SQA Accreditation's Regulatory Principles.	Medium
8. Principles 2,10,11	SafeCert is not adhering to its own processes for reviewing its portfolio of qualifications to ensure they are current and fit for purpose.	High
9. Principle 13	SafeCert does not have fully operational systems or processes to ensure effective quality assurance.	Medium
10. Principles 1,13	SafeCert's documented processes do not reflect current practice or ensure effective quality assurance.	Very High
11. Principles 5,7,9	There is not a current process for reviewing and updating SafeCert's website to ensure clear and effective communication.	Medium
12. Principles 5,6,9	Documentation reviewed prior to the audit indicated that the awarding body does not have a robust quality management system to enable them to effectively carry out their operational functions to meet regulatory requirements.	Very High
13. Principle 9	SafeCert are not following their own processes for reviewing and updating content on SharePoint.	Medium

A Recommendation has been noted where SQA Accreditation considers there is potential for enhancement. The awarding body is advised to address any Recommendations in order to reinforce ongoing continuous improvement. However, measures to correct or prevent these are not mandatory and therefore do not form part of the Action Plan.

Recommendation	Detail of Recommendation noted
1. Principles 10,11	SafeCert should review SQA Accreditation's <i>Zero Uptake Policy, version 7, January 2020</i> and carry out a regular and systematic review of their qualifications to ensure they continue to meet the demands of the Scottish market.

1.4 Risk Rating of Issues

SQA Accreditation assigns a rating to each Issue recorded, depending on the impact on or risk to the awarding body's operations, its SQA accredited qualifications and/or the learner. Issues recorded during the audit will count towards SafeCert's Quality Enhancement Rating which will, in turn, contribute towards future quality assurance activity. Further detail on how the Quality Enhancement Rating is calculated can be found on the [SQA Accreditation website](#).

2 Detail of Audit Issues and Recommendations

The following sections detail Issues recorded and Recommendations noted against SQA Accreditation's regulatory requirements.

2.1 Issues

Regulatory Principle 1. The awarding body must have an accountable officer and demonstrate that it has clearly defined and effective governance arrangements.

Regulatory Principle 7. The awarding body must have an effective approach for communicating with its staff, stakeholders and SQA Accreditation.

Through discussion with SafeCert representatives, SQA Accreditation Auditors gained a better understanding of the structure and role of the advisory board (referred to as the Governing Body in SafeCert documentation). This consists of two SafeCert employees, a chairperson who is a qualified vet nurse, tutor and External Quality Advisors (EQA), a paramedic, and a member of staff from a leisure centre. These board members are all voluntary and meet three times per year.

Prior to the audit, SQA Accreditation Auditors reviewed various awarding body policies and procedures that document the governance arrangements of SafeCert, for example, *Reporting Structure, version 1.1, September 2018* and *Governing Body Terms of Reference, version 3.3, February 2020* and as per a previous Action Plan, there is a disconnect between awarding body written governance arrangements and the reality of resources available.

This has been recorded as **Issue 1**.

Regulatory Principle 1. The awarding body must have an accountable officer and demonstrate that it has clearly defined and effective governance arrangements.

It was identified through discussion with SafeCert representatives that all employees carry out work for one of SafeCert's providers. SafeCert has a policy for conflict of interest, *Conflict of Interest Policy, version 1.4, January 2020* however this policy is directed towards providers and learners. There is an *Appendix 2 — Declaration of Conflict of Interest Form* within the policy. However, at the time of audit, there was no evidence that any employee had completed this. Additionally, *Appendix 3 — Register of Conflicts of Interests* does not include all SafeCert employees that have a conflict of interest.

This policy requires updating to include a process for employees' conflict of interest for example, should a complaint, appeal or malpractice/maladministration be escalated from their own provider to SafeCert. Furthermore, the *Governing Body Terms of Reference, version 3.3, February 2020* states 'The SafeCert Governing Body will consider the impact and the risk of any potential conflicts of interest while requesting additional information where deemed necessary.' At the time of audit there was no evidence of this process having taken place or evidence of clear separation, division of responsibilities and reporting between SafeCert and their own provider for the examples above.

This has been recorded as **Issue 2**.

Regulatory Principle 2. The awarding body must demonstrate clearly defined business planning processes which show evidence of management commitment and decision making and ongoing review.

SQA Accreditation Auditors received a business update from a SafeCert representative and, while there was a verbal update on moving into fields such as Customer Service, Health and Safety Construction, and Violence and Aggression, together with the continued roll-out of their new all-encompassing bespoke system, there was no evidence of a current business plan. From the update, it appears that the awarding body's business model is one of reaction, with business being driven by the demands of providers.

This has been recorded as **Issue 3**.

Regulatory Principle 1. The awarding body must have an accountable officer and demonstrate that it has clearly defined and effective governance arrangements.

Regulatory Principle 3. The awarding body must have the necessary resources to effectively carry out their operational functions to meet regulatory requirements.

SQA Accreditation Auditors discussed the current organisational structure with a SafeCert representative. Through discussion, it was established that there are three permanent employees — General Manager/Responsible Officer, Office Manager and Administrator. The remaining employees detailed on the organisational chart, for example the Quality Assurance Manager, the Head External Quality Advisor and Compliance Personnel are in fact contracted employees used on a reactive, ad hoc basis. This is not clear from the organisational chart.

This has been recorded as **Issue 4**.

Regulatory Principle 6. The awarding body must continually review the effectiveness of its services, systems, policies and processes.

On review of the *Business Continuity Plan, version 1.6, April 2022*, it was noted that the Quality Assurance Manager has responsibility for 'Considering options to ensure the consistency of assessment' and to 'Consider scenarios, identify issues and possible contingencies. Ensure EQA training covers contingencies'. As this position is on a reactive, ad hoc, temporary basis, responsibility should be re-allocated to an appropriate permanent member of staff.

This has been recorded as **Issue 5**.

Regulatory Principle 4. The awarding body must demonstrate an effective approach to the identification and management of risk.

Through questioning SafeCert representatives, it was evident that representatives were not aware of what should be reported to SQA Accreditation as an incident. A representative suggested the information was within the *Business Continuity Plan, version 1.6, April 2022*.

However, on review of this, there is limited detail or explanation to ensure staff's understanding and compliance.

This has been recorded as **Issue 6**.

Regulatory Principle 5. The awarding body and its providers must provide clear information on their procedures, products and services and ensure that they are accurate and appropriate to accredited qualifications.

Regulatory Principle 6. The awarding body must continually review the effectiveness of its services, systems, policies and processes.

Regulatory Principle 15. The awarding body must have effective, reliable and secure systems for the registration and certification of learners.

SQA Accreditation Auditors discussed registration and certification with a SafeCert representative, in which they demonstrated the new system capabilities for registration and certification. Although the representative suggested that the system is in its testing stage and will be released in the next two to three weeks to a few centres, evidence suggests it is being used for active learners on the SafeCert SCQF level 6 Award in Planning and Delivering Learning Sessions to Groups. It was identified through the demonstration that the system does not have the capabilities to uniquely identify users or extract data to ensure SafeCert's Key Performance Indicator for issuing certification is adhered to. There were discussions around the use of usernames — which the provider would create — and the use of dates of birth. However, SQA Accreditation Auditors felt this suggestion needed further consideration. The system does have capabilities to produce e-certificates and an option to cancel/recall certificates, however there is no documented guidance for this.

This has been recorded as **Issue 7**.

Regulatory Principle 2. The awarding body must demonstrate clearly defined business planning processes which show evidence of management commitment and decision making and ongoing review.

Regulatory Principle 10. The awarding body must ensure that its systems and processes for the identification, design, development, implementation and review of qualifications and assessments are fit for purpose.

Regulatory Principle 11. The awarding body must ensure that its qualifications portfolio is effectively managed, maintained and reviewed.

Discussions took place regarding qualification review whereby a SafeCert representative advised that review was driven by external changes and legislation and that qualifications undergo a yearly review. There was evidence of review for the SafeCert SCQF level 5 Award in Fire Safety, however, there was no evidence of an annual review for the SafeCert SCQF level 6 Award in Planning and Delivering Learning Sessions to Groups, which has been accredited since May 2015.

This has been recorded as **Issue 8**.

Regulatory Principle 13. The awarding body and its providers must ensure that they have systems and processes which ensure the effective quality assurance of accredited qualifications.

A demonstration of the new system's quality assurance features was given by a SafeCert representative. There are several features that are not included within the system, for example, a planning schedule. However, SQA Accreditation Auditors did view a basic plan which contained some detail. It was also identified during discussion that, should an Issue arise from an External Quality Assurance visit, this would normally be closed out at the next visit which could be as long as three years away. The SQA Accreditation Auditors feel that SafeCert should review their process for closing out actions to ensure actions are closed out in a realistic timeline. Furthermore, SafeCert should update current documentation to reflect current timelines for issuing a visit report and Action Plan.

This has been recorded as **Issue 9**.

Regulatory Principle 1. The awarding body must have an accountable officer and demonstrate that it has clearly defined and effective governance arrangements.

Regulatory Principle 13. The awarding body and its providers must ensure that they have systems and processes which ensure the effective quality assurance of accredited qualifications.

Within the document *Company Structure, version 2.4, September 2019*, the Quality Assurance Manager (who is also part of the External Quality Team) will be responsible for overseeing the work of the Lead External Quality Advisor (HEQA) who, in turn, will be responsible for the co-ordination of visits to centres by EQAs. The HEQA will carry out shadow visits to ensure consistency of approach. SafeCert acknowledged that these shadow visits are not happening. As both the Quality Assurance Manager and Lead External Quality Advisor are ad hoc contractors, the Auditors feel this process is not viable. Additionally, *Company Structure, version 2.4, September 2019* states that the Lead External Quality Advisor will compile an annual report for the management team/governing body. As this is not a permanent position within SafeCert, this process is not deemed viable, and by SafeCert's own admission, is not happening.

This has been recorded as **Issue 10**.

Regulatory Principle 5. The awarding body and its providers must provide clear information on their procedures, products and services and ensure that they are accurate and appropriate to accredited qualifications.

Regulatory Principle 7. The awarding body must have an effective approach for communicating with its staff, stakeholders and SQA Accreditation.

Regulatory Principle 9. The awarding body and its providers must maintain accurate documents, records and data.

When preparing for the audit, the Auditors found that the SafeCert website had a number of errors such as out of date qualifications, wrong specifications, broken links, inaccurate information regarding qualifications, and incorrect reference to SQA, SQA Accreditation and SCQF. In addition to this, the text regarding the role of SQA Accreditation, 'SQA Accreditation that provide a registration and certification service for centres and trainers in Scotland' is incorrect and misleading. When asked about the process for reviewing and updating the website, it was identified that there is no such process.

This has been recorded as **Issue 11**.

Regulatory Principle 5. The awarding body and its providers must provide clear information on their procedures, products and services and ensure that they are accurate and appropriate to accredited qualifications.**Regulatory Principle 6. The awarding body must continually review the effectiveness of its services, systems, policies and processes.****Regulatory Principle 9. The awarding body and its providers must maintain accurate documents, records and data.**

Discussions took place regarding SafeCert's Quality Management System, and although SafeCert were able to produce *SafeCert Document Control Register 2021, version 2.1*, which had been part of a previous audit Action Plan, it was evident that this had not been reviewed since production. The register was basic and omitted where documentation could be found. This may explain why there were out of date versions of policies available on the website, and policies uploaded to the website but not uploaded to SharePoint. Furthermore, there continues to be inconsistencies in documentation format, references to SQA Accreditation, and incorrect references to the organisation. For example, in the *SafeCert Conflict of Interest Policy, version 1.8, April 2022*, a Qualifications Working Group was referred to. Additionally, there are policies missing and not detailed on the document control register but stated in other policies. For example, the *Governing Body Terms of Reference, version 3.3, February 2020* states and which could not be provided at time of audit the Grievance Policy and Procedure 'Individuals who have concerns about any aspect of the selection process or its operation should use the organisation's Grievance Policy and Procedure.'

This has been recorded as **Issue 12**.

Regulatory Principle 9. The awarding body and its providers must maintain accurate documents, records and data.

As part of a previous audit, an Issue had been raised regarding the validity of the content held on SharePoint. Part of the evidence to close-out this audit was the creation of *Plan to monitor documents on SharePoint, Mar 2021* and *SQA SharePoint Review Document, version 1.2, Mar 2021*. Having reviewed both documents, it is clear that they are not being

adhered to. This is evident because the *SQA SharePoint Review Document, version 1.2, Mar 2021* refers to the old Regulatory Principles and has not followed the review cycle. SharePoint has many out of date documents, multiple versions of documents and in various folders.

This has been recorded as **Issue 13**.

2.2 Recommendations

Regulatory Principle 10. The awarding body must ensure that its systems and processes for the identification, design, development, implementation and review of qualifications and assessments are fit for purpose.

Regulatory Principle 11. The awarding body must ensure that its qualifications portfolio is effectively managed, maintained and reviewed.

SQA Accreditation Auditors shared details of SafeCert's qualifications with a SafeCert representative and queried why several of these either had no uptake since 2021, or why newer qualifications had no uptake at all. SQA Accreditation Auditors discussed *Zero Uptake Policy, version 7, January 2020* detailing the need for an awarding body to carry out a regular and systematic review of their qualifications to ensure qualifications continue to meet the demands of the Scottish market.

This has been recorded as **Recommendation 1**.

3 Acceptance of Audit Findings