

The Royal Environmental Health Institute of Scotland (REHIS) Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 23 December 2021. All evidence supporting the action plan will also be required to be submitted to regulation@sqa.org.uk

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided (Failure to include a description of your intended methodology AND details of the evidence that you will provide could result in your Action Plan not being approved by ACG.)	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
1. Principle 3	SQA Accreditation did not find evidence of an underpinning risk policy to support the risk register confirming how and when risks are identified, monitored, and reviewed.	Low	An underpinning risk policy to support the risk register has now been produced, presented to REHIS council, approved and is embedded in the REHIS guidance - evidence uploaded to Sharepoint against Principle 3	23 December 2021	27/1/2022
2. Principle 10	SQA Accreditation identified that there was no centralised recording	Low	Data base for SCPLH courses to be amended to allow any issues following Training Advisors' visits to be recorded centrally (to include Pre-approval/ New	31 January 2022	29/04/2022

¹ If the awarding body believes it has completed the action prior to approval of the Action Plan by ACG, insert the considered date of completion. The date will be subject to review depending on the quality of the evidence supplied.

² Issues can only be closed out once the evidence to complete the action has been quality reviewed and the Action Plan has been approved by ACG. The period of time between ACG approval and the date the Issue is closed out is not necessarily reflective of any quality issues.

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	of the quality assurance activities. This would provide REHIS with an oversight of all the ongoing quality assurance checks and the ability to identify any themes and timescales for next quality assurance activity.		<p>Centre, Centre Approval visit and follow-on Annual visits)</p> <p>This will allow any recurring issues across centres to be picked up and subsequent visits planned.</p> <p>A risk rating for centres to be applied following Training Advisors Approved Training Centre verification visit.</p> <p>Scheduling of visits by Training Advisors to be submitted to the Director of Training a week in advance.</p> <p>-</p>	Extended to 30 April 2022	
3. Principle 10	SQA Accreditation noted that there is no standardised quality assurance process or checks conducted by training advisers at centre quality assurance visits.	Low	<p>A sampling approach to be used by Training Advisors during Centre quality assurance visits guided by issues flagged from previous visits or trends identified from visits to other approved centres.</p> <p>The Director of Training and the Training Advisors to develop a pro-forma which will allow a standardized approach to quality assurance visits; this will include task, action to be taken, sanctions if any and agreed action date</p>	<p>31 January 2022</p> <p>Extended to 30 April 2022</p>	29/04/2022

Action Plan approved by ACG on Wednesday 26 January 2022

