

Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 6 December 2017.

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 1 and 7	The awarding body must ensure that its procedure for reporting incidents adequately reflects SQA Accreditation and its requirements.	Medium	<ol style="list-style-type: none"> 1. STA shall review its procedure for reporting incidents to ensure that it reflects the requirements of SQA Accreditation and the recently issued guidance. 2. A copy of the new procedure shall be approved by the senior management team and provided to SQA Accreditation as evidence of completion. 3. The new procedure shall be made available to all staff members on the S drive. 	28 th February 2018 Extension to 31 March 2018 Extension to 4 May 2018	4/5/2018
2. Principle 3	STA's business planning and risk recording systems around its	Medium	<ol style="list-style-type: none"> 1. The business plan is currently being reviewed, feedback has been compiled from Trustees and Senior Management Team, and a new 	31 st January 2018	5/4/2018

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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	awarding body activities are not robust and must be regularly reviewed to demonstrate that planned targets are being monitored towards completion.		<p>two-year business plan drafted, taking into consideration the feedback, this is now awaiting sign off from the trustees.</p> <ol style="list-style-type: none"> 2. The business plan has been split into key business areas, with clear links to the organisation's charitable objectives. 3. Each objective within the new business plan is SMART 4. Review and monitoring of achievements of business plan objectives have been placed on the senior management team, management team and trustee meeting agenda, agendas can be provided to evidence completion, formal six-monthly review meetings have been scheduled 5. Risk management- each director is working on a risk register for their area of the business, risk is already on the agenda for management and senior management team meetings to enable monitoring of identified risks and to identify and assess new risks as they present themselves. 6. The revised business plan and meeting agendas shall be provided to evidence completion. 		

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3. Principle 5 and 13	The awarding body must make it clear that learners cannot appeal to SQA Accreditation and must make a referral or complaint in the first instance. It must update its documentation and webpages to refer to SQA Accreditation appropriately.	Medium	<ol style="list-style-type: none"> 1. The policy has already been changed and updated 2. All web content shall be reviewed to ensure that it accurately refers to SQA Accreditation 3. All policies and procedures will be updated to appropriately reference SQA Accreditation 4. Documentation will be updated on share point 	31 st March 2018	5/4/2018
4. Principle 14	STA must document how it deals with cases of maladministration and update its policy to ensure that SQA Accreditation is informed of both suspected and actual cases of malpractice and maladministration.	Medium	<ol style="list-style-type: none"> 1. STA shall review its procedure for dealing with Malpractice and Maladministration to ensure that it reflects the requirements of SQA Accreditation. 2. A copy of the new procedure shall be approved by the senior management team and provided to SQA Accreditation as evidence of completion. 3. The new procedure shall be made available to all staff members and members of the public on the S drive and procedures section of our website. 	30 th June 2018	5/4/2018

Action Plan approved by ACG on 13 December 2017