Audit Report

SafeCert Awards Ltd

28 March 2018

Contents

1 Background

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

SafeCert Award 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 Award's 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 full audit of SafeCert Awards Ltd, 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 Awards Ltd complies with SQA Accreditation's regulatory requirements namely:

♦ SQA *Accreditation's Regulatory Principles* (2014)
♦ all *Regulatory Principles* Directives
♦ the awarding body's Accreditation Licence

Awarding body documentation considered for review by the Audit Team includes all documents banked on SafeCert Awards Ltd's 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 Awards Ltd audit date: 28 March 2018

Audit Report approved by
Accreditation Co-ordination Group on: 25 April 2018

Audit Report to be signed by SafeCert Awards Ltd: 9 June 2018

Action Plan to be e-mailed
to regulation@sqa.org.uk by SafeCert Awards Ltd: 9 June 2018

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

♦ The awarding body will be sent two signed copies of the Audit Report by post.
♦ The awarding body must sign both copies of the Audit Report and return one by post to SQA Accreditation in accordance with the timescale specified above.
♦ The awarding body will also be e-mailed a copy of the Audit Report (for information only) and an electronic copy of the Action Plan.
♦ The awarding body must complete and return the Action Plan in accordance with the timescale specified above and e-mail 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 two signed copies of the approved Action Plan by post.
♦ The awarding body must sign both copies of the Action Plan and return one by post 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 e-mailed to SafeCert Awards 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, four Issues have been recorded and three Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 1	Declarations of interest forms for staff members and contractors have not been updated since initial employment.	Low
2. Principle 6	SharePoint is still not being updated with all relevant awarding body policies and documents. Additionally, a number of policies provided to the Lead Auditor prior to the audit, which were current and valid, did not cross reference correctly with the awarding body version control register, whereby older versions were erroneously listed.	Low
3. Principle 9	A Condition and Issue was previously placed upon the awarding body. They did not have an appropriate qualification development and review policy and process, and evidence to indicate its use prior to a recent reaccreditation submission. This could still not be evidenced.	Medium
4. Principle 10	Information captured within the *Action Point Sign off* document is not detailed enough, as there are no identifiable target dates for closing out provider actions, or recording any evidence which may be submitted. The *Action Point Sign off Record* template submitted to the Lead Auditor in order to close out an audit Issue from the 2017 report, contained a column for assigning a risk status to providers. However, when reviewing the	Medium

	operational document at the current audit, there was no risk rating status column.	

A Recommendation has been noted where SQA Accreditation considers there is potential for improvement. The awarding body is advised to address any Recommendations noted as good practice. 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. Principle 1, 3	A couple of the awarding body policies made erroneous reference to a qualification regulator that they are not approved by, to the exclusion of SQA Accreditation. Additionally, the business plan does not appear to be current as it continually refers to 'we will do' as opposed to what they are doing and working towards. It reads almost as though the business is not yet functioning.
2. Principle 3	The risk register was missing an overall risk rating against each concern. Additionally, there was not an accurate calculation of risk, based on the risk assessment matrix.
3. Principle 10	Before implementing a fully risk-based approach to external quality assurance, it is recommended that external quality assurance and provider policies be updated to state the set criteria in which will determine when and what external quality assurance will be conducted.

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 Award'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 shall have clearly defined and effective governance arrangements.

The Accreditation Auditors reviewed the awarding body process for identifying conflict of interests (COI). Evidence reviewed included completed declaration of interest forms. All current staff and contractors' completed declarations could be evidenced. However, it was identified that these were signed only upon commencement of employment with SafeCert and have not been refreshed since, with some going back several years now. This lapse in time could potentially pose a risk to the awarding body if not actively seeking staff to refresh them on a regular basis, as there could be a perceived lack of emphasis on disclosure, potentially leading to missed or undeclared COIs.

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

Regulatory Principle 6. The awarding body and its providers shall maintain accurate documents, records and data.

The Accreditation Auditors reviewed the awarding body document depository on SharePoint prior to the audit. Despite previous discussions with the awarding body regarding keeping their documents up to date, there was evidence to suggest that SharePoint is still not being updated with all relevant awarding body policies and documents.

Additionally, a number of policies provided to the Lead Auditor prior to the audit, which were current and valid, did not cross-reference correctly with the awarding body version control register, whereby older versions were listed erroneously.

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

Regulatory Principle 9. The awarding body shall ensure that it has robust systems and processes for the identification, design, development, implementation and review of qualifications, which meet the needs of users.

Historically, due to a weak quality of reaccreditation submissions, Conditions were placed on the awarding body on 23 March 2016, being reiterated on 27 May 2016 by the Accreditation Co-ordination Group (ACG) that advised, *inter alia*, 'The qualification development processes should be reviewed and resubmitted prior to implementation.' A subsequent audit of the awarding body occurred on 30 March 2017 and at that time neither of the Accreditation Auditors prior to and during that audit could evidence any move by the awarding body to satisfy this condition.

A further Issue was placed on the awarding body via audit on 30 March 2017, with confirmation from the awarding body via their Action Plan, that they would have developed and utilised a qualification and assessment development and review process, prior to any further qualification accreditation submissions, which would be used.

A qualification development process was submitted in September 2017, whereby qualification reaccreditation followed in October 2017. There have been subsequent iterations of this process since then, but at the current audit, 28 March 2018, the Accreditation Auditors asked to evidence the review process utilised and the inputs and outputs of this process to determine regulatory compliance. The awarding body could not produce this evidence and confirmed that the created qualification development and review process and checklist had not been used. It was felt it was unnecessary due to the minor changes that occurred with the qualification. Instead there was an ad-hoc review by the General Manager and Quality Assurance Manager to determine validity. The Accreditation Auditors accept that some form of review was conducted before reaccreditation. However, it is once again the lack of evidence and auditable trail showing this review and the actions derived from it that is concerning. Moreover, it is a significant issue that despite having had dialogue with SQA Accreditation regarding putting future reaccreditations through the awarding-body-developed qualification review process, this had not been done.

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

Regulatory Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

The Accreditation Auditors reviewed the awarding body process and procedures for capturing external quality assurance issues resulting from provider monitoring. The document utilised is in the form of an *Action Point Sign off Record* spreadsheet. However, the information captured is not detailed enough, particularly in relation to not having clear and identifiable target dates for closing out provider actions, or recording any evidence which may be submitted, as current practice is to wait until the next audit to check external quality assurance action points being implemented.

Furthermore, the *Action Point Sign off Record* template submitted to the Lead Auditor in order to close out an audit Issue from the 2017 report, contained a column for assigning a risk status to providers. However, when reviewing the operational document at the current audit, there was no risk rating status column. Therefore, the risk level of providers cannot be easily determined. If risk is not adequately recorded and easily identified it may potentially cause problems in the scheduling of external quality assurance visits.

The evidence presented on the day of the audit identifies the above weaknesses in the current system. However, the Accreditation Auditors recognise that the new external quality assurance scheduling and tracking system being implemented from 1 April 2018 will supplement the awarding body *Action Point Record* system and go some way in rectifying these issues.

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

2.2 Recommendations

Regulatory Principle 1. The awarding body shall have clearly defined and effective governance arrangements.

Regulatory Principle 3. The awarding body shall have clearly defined business planning processes which show evidence of management commitment, decision making and ongoing review.

The awarding body governance policies were reviewed prior to the audit and it was identified that the *Governing Body Terms of Reference* stated incorrect regulatory standards. Furthermore, in various places within the awarding body business plan there are erroneous references to a regulatory authority with whom the awarding body is not recognised. Additionally, the business plan does not appear to be current as it continually refers to 'we will do' as opposed to what they are doing and working towards. It reads almost as though the business is not yet functioning.

It is recommended that when reviewing and updating their documents in their next scheduled review period next year, SafeCert updates these in order to make them current and accurate.

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

The Accreditation Auditors reviewed the awarding body procedures for identifying and recording business risks. This predominately focused on the review of the active risk register which evidenced consistent reviews and regular updates. However, some pertinent information was missing in places, in particular an overall risk rating against each concern. Additionally, there was not an accurate calculation of risk, based on the risk assessment matrix. In places, within the 'Operational Risk Review Table, February 2018' the risk assessment states 'significant-possible' but the overall risk status states 'green' when, in fact, it should state 'amber'.

This has been noted as **Recommendation 2.**

Regulatory Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

Discussions between the Accreditation Auditors and awarding body representatives identified that the awarding body will be moving to a risk-based approach for determining and scheduling external quality assurance visits. Therefore, before implementing this, it is recommended that external quality assurance and provider policies be updated to state the set criteria which will determine when and what external quality assurance will be conducted.

This has been noted as **Recommendation 3.**

3 Acceptance of Audit Findings

For and on behalf of SafeCert Awards Ltd: For and on behalf of SQA Accreditation:

Print name   **Print name**

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Signature   **Signature**

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Designation   **Designation**

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Date   **Date**

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