

Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 07 April 2018.

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided <small>(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.)</small>	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
1. Principle 6	The policies and procedures at the provider showed no evidence of version control.	Low	Policy review tracker installed to track policy changes (screenshot). New written policies (dates) file. New notes for Guidance (NFG) has revision date and version number (screenshots attached)	April 25th 2018	27/4/2018
2. Principle 8	The provider's 'Data and Records Management Policy' does not sufficiently reference SQA Accreditation's right to request data in order to fulfil its regulatory functions.	Low	New Data and Records Management Policy to reflect principle 8. Data protection information sheet updated for candidates. (attached)	April 25th 2018	27/4/2018

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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3. Principle 12	The provider's complaints procedure did not adequately reference SQA Accreditation.	Low	Complaints procedure handout to candidates redrafted. Centre policy document updated to reflect principle 12. (policy and policy review tracker attached)	April 25th 2018	27/4/2018