

# **Audit Report**

## **Safety Training Awards**

**1 and 2 October 2012**



## Note

Restricted or commercially sensitive information gathered during SQA Accreditation monitoring activities is treated in the strictest confidence. However:

- ◆ The findings of this report will be presented to SQA's Accreditation Committee and made available to colleagues from the Welsh Government, the Council for the Curriculum, Examinations and Assessment (CCEA) and the Office of Qualifications and Examinations Regulation (Ofqual), with a view to the contents informing future accreditation and re-accreditation submissions by the awarding body.
- ◆ The report will be published on SQA Accreditation's website.

Please note that SQA Accreditation monitoring activity is conducted on a sampling basis. As a consequence, not all aspects of an awarding body's performance in quality assurance, contract compliance, implementation, awarding of certificates, and fee arrangements have been considered in this report to the same depth.

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## **Executive summary**

### **Purpose and scope of audit**

This was the third audit of Safety Training Awards (STA) since it was approved as an awarding body by SQA Accreditation. The audit was designed to review, evaluate and document STA's strategies, policies and procedures, and ensure compliance with SQA's Accreditation's *Awarding Body Criteria (2007)*.

As this was a full audit of STA, all criteria were included within the scope of the audit.

### **Background**

STA was approved by SQA Accreditation as an awarding body during 2009. STA is a nationally-recognised awarding body offering qualifications in the following industries: teaching swimming, pool emergency and response, pool life guarding, and emergency first aid at work.

STA was formed in 1932 and is a company limited by guarantee. The awarding body is a registered charity in England and Scotland. STA is registered with the Criminal Records Bureau (CRB) as a registered body.

### **Audit outcome**

As a result of the audit and post audit activities, four non-compliances have been recorded and five observations noted.

The four non-compliances and five observations form the basis of the STA action plan: October 2012.

## Statement of Excellence 1: Governance and Leadership

*'The awarding body has effective governance, leadership and management, which supports the delivery of SQA-accredited qualifications. The awarding body's strategic aims, objectives and policies are appropriate and understood by all who refer to them.'*

### Key Goal 3: The awarding body has an effective business planning process

#### Findings

The Audit Team spent time with the Chief Executive discussing the different methods of business planning that STA carries out. Some STA departments undertake operational planning for their business areas, but this is not consistent across the organisation.

The Audit Team stated that, although they can see that planning activity is carried out, it is fragmented across the organisation and there is no formal business planning process to show how operational planning feeds into the business plan or strategic plan.

In the departmental plans that were shown to the Audit Team it was difficult to establish how the objectives that were set were being monitored. The Lead Auditor also stated that the most important measure of regulatory success is compliance with the *Awarding Body Criteria (2007)*.

Whilst we are clearly interested in the financial performance of awarding bodies in terms of their ability to operate and protect learners, this is not our key requirement. The Audit Team strongly recommends that STA addresses business planning going forward under the *SQA Accreditation Regulatory Principles (2011)*. See **Observation 1**.

#### Conclusion

The evidence available confirms that STA continues to meet the requirements of the criteria under Key Goal 3. One observation was noted.

#### Observation 1

The business planning that STA undertakes is fragmented across the organisation and there is a lack of evidence to show how objectives are monitored over time.

## Statement of Excellence 2: Quality Enhancement

*'The awarding body has developed and implemented a robust quality framework that ensures a quality product is delivered to the candidate. The awarding body and its staff are committed to a quality culture of continuous improvement through review and evaluation.'*

### Key Goal 4: The awarding body has a culture of continuous quality improvement

#### Findings

The STA *Procedures Manual* banked on Quickr has not been updated since 2009. Many of the procedures within this, such as the governance structure and the qualification design and development process, are out of date and should reflect current practice, including reference to credit rating. The Audit Team were informed that work is underway to update this. See **Observation 2**.

#### Conclusion

The evidence available confirms that STA continues to meet the requirements of the criteria under Key Goal 4. One observation was noted.

#### Observation 2

The content of the *Procedures Manual* is not accurate and does not reflect current business practice.

## Statement of Excellence 3: Administration and Support

*'The awarding body's administrative and support arrangements have been designed to reduce bureaucracy, are responsive to stakeholders' needs and are cost effective. The awarding body continually reviews its qualification provision to ensure it has, and deploys, sufficient resources for the administration and support of its qualification provision.'*

### Key Goal 5: The awarding body has robust systems in place for the management of the service it offers

#### Findings

Prior to the audit, anomalies had been identified with the quarterly statistical data that STA had supplied. In one case this had led to Scottish certificates being issued with a certificate containing the details of another regulator. This had been previously raised with STA.

The Audit Team met with the members of STA who deal with the processing of courses and were given a demonstration of how Scottish candidates are registered. It is the responsibility of STA staff to select the appropriate regulator from a list when registering candidates. However, when the Audit Team selected samples of candidates who should have been registered on SQA accredited qualifications, it was evident that there were errors.

The Audit Team asked for a report identifying the frequency of these errors to be generated, and the report showed that the issue was not an isolated incident. See **Non-compliance 1**. (This non-compliance also applies to Key Goals 6 and 10).

STA has systems in place for producing replacement certificates. The issue of these is recorded in a book and not against the electronic records that STA holds on candidates. The Audit Team noted that STA does not monitor whether there are incidents where individual candidates repeatedly ask for certificates, with the potential of using them for fraudulent purposes.

There is also a risk that the book goes missing and the data within it is not backed up. As STA is introducing new information technology for registration and certification, the Audit Team suggested that this is an area that STA may wish to consider during development. See **Observation 3**.

#### Conclusion

The evidence available confirms that STA does not meet the requirements of the criteria under Key Goal 5. One non-compliance has been recorded and one observation noted.

### **Non-compliance 1**

The systems and processes around the registration of Scottish candidates are not robust and reliable enough to provide accurate data for SQA accredited qualifications.

### **Observation 3**

STA does not monitor the frequency of requests from candidates for replacement certificates.

## **Key Goal 6: The awarding body has open an effective communications strategy that supports its awarding body activities**

### **Findings**

As previously reported under Key Goal 5, non-compliance 1, the Audit Team were not satisfied that the accuracy of quarterly returns to SQA Accreditation are accurate. See **Non-compliance 1 under Key Goal 5**.

SQA Accreditation's planning for its audit activity is reliant on the accuracy and currency of information that the awarding body banks on the Quickr system. Prior to the audit, the Lead Auditor had identified a number of Key Goals where there was a lack of information, and against some Key Goals no information was banked. Only one document had been uploaded after February 2012.

During the first day of the audit, the Key Goals where no information was banked were drawn to STA's attention and they were asked to supply missing information. The audit team were presented with evidence during day one and day two that was relevant to these Key Goals. However, work is still to be done to bank these.

The Lead Auditor stated that it is STA's responsibility to maintain the currency and accuracy of information on Quickr and that this has not happened. Nobody within STA appears to have responsibility for this. See **Non-compliance 2**.

### **Conclusion**

The evidence available confirms that STA does not meet the requirements of the criteria under Key Goal 6. One non-compliance has been recorded.

### **Non-compliance 2**

The information held on Quickr is not current, and in some cases there are no documents banked against Key Goals.

## **Key Goal 9: The awarding body has open and transparent procedures for complaints and appeals**

### **Findings**

Prior to the audit, the Lead Auditor had identified that the version of STA's complaints procedure banked on Quickr and the version on their website were very different. In addition, the version of the complaints policy on the STA website did not make the circumstances under which tutors, examiners or candidates can complain to SQA Accreditation clear, despite this having been raised with STA previously. See **Non-compliance 3**.

### **Conclusion**

The evidence available confirms that STA does not meet the requirements of the criteria under Key Goal 9. One non-compliance has been recorded.

### **Non-compliance 3**

STA's complaints policy does not state when tutors, examiners or candidates can complain to SQA.

## **Key Goal 10: The awarding body has an effective system for the registration and certification of candidates**

### **Findings**

As previously reported under Key Goal 5, non-compliance 1, the Audit Team were not satisfied that certificates have been accurately issued. See **Non-compliance 1 under Key Goal 5**.

When the Audit Team asked to see a copy of a unit certificate, they were informed that STA does not get requests for unit certificates. It became apparent that although STA can produce unit certificates, it does not publicise this to candidates undertaking SQA accredited qualifications as the expectation is that candidates will achieve the full award.

During the demonstration on STA's registration and certification system, the Audit Team had observed some candidates with incomplete awards. Therefore there are candidates who do not complete full awards. The issue may be that candidates are unaware that they can achieve recognition for units, but are unaware that STA offers this. See **Observation 4**.

### **Conclusion**

The evidence available confirms that STA does not meet the requirements of the criteria under Key Goal 10. One non-compliance has been previously recorded under Key Goal 5 and one observation has been noted.

### **Observation 4**

STA does not publicise that certificates for unit achievement are available.

## Statement of Excellence 5: Assessment and Verification

*'The awarding body's methodology for assessment and verification is rigorous and has been designed to ensure that only those candidates who have shown competence are awarded a certificate. The awarding body only deploys personnel that are qualified and competent.'*

### **Key Goal 19: The awarding body ensures its approved centres have access to appropriately qualified personnel for the range of qualifications they are approved to deliver**

#### **Findings**

During the demonstration of STA's system for registration and certification, the Audit Team asked what checks STA staff carry out to ensure that tutors and examiners have been moderated within the last three years. The Audit Team were shown the physical fields that were checked by STA staff, and it was explained that tutors and examiners are moderated once every three years for each discipline area. This is consistent with the guidance in the *Procedure for Recognition of STA Tutor/Examiners*, which states that 'T/Es will be moderated/assessed on teaching and examining skills at least once for each skill area within a three year period unless any concerns are raised'.

It was evident from the records seen by the Audit Team that this was not happening. When this issue was raised with the Chief Executive during the closing discussion, he stated that tutors and examiners were only moderated once every three years and that it was not against each skill area.

The Second Auditor noted that during his monitoring activities with STA tutors and examiners the message within the field is also mixed. STA is also moving towards annual moderation for Emergency First Aid at Work (EFAW) qualifications where tutors will be required to pay for moderation themselves. Therefore the awarding body must clarify its position on how its quality assurance activities are carried out, and communicate this clearly to its stakeholders.

The Audit Team also asked how STA will ensure that all EFAW tutors are monitored on an annual basis (this change came into place in April 2012). STA was unable to demonstrate how it would achieve this. See **Non-compliance 4**.

#### **Conclusion**

The evidence available confirms that STA does not meet the requirements of the criteria under Key Goal 19. One non-compliance has been recorded.

#### **Non-compliance 4**

The process for validating the currency of when an examiner/tutor was last moderated is insufficiently robust. With the further introduction of a one-year moderation cycle for EFAW, it is clear that there is confusion amongst STA staff and tutors/examiners and that STA has no plan as to how the changes in moderation will be achieved.

### **Key Goal 21: The awarding body has systems and procedures for monitoring the quality and consistency of assessment provided at any location. These systems must ensure that assessment is uniformly systematic, valid and to the defined standard**

#### **Findings**

STA carries out spot-check visits where concerns around the delivery of tutoring or examining have been raised directly with them and where they have decided that manual intervention is required. These types of visit, where activity has been carried out as a result of a perceived or actual risk, are categorised on STA's systems as a moderation visit.

The Audit Team stated that this type of visit is not a routine moderation visit as it has been carried out as a result of intelligence supplied to the awarding body. Therefore, categorising it as such may provide inaccurate data should STA wish to report on this activity. As STA is introducing new information technology that monitors moderation, the Audit Team suggested that this is an area that STA may wish to consider during development. See **Observation 5**.

#### **Conclusion**

The evidence available confirms that STA continues to meet the requirements of the criteria under Key Goal 21. One observation was noted.

#### **Observation 5**

The awarding body is unable to differentiate between routine moderation visits and those that are carried for other purposes.

## **Conclusion**

This was the third audit of STA and the audit team was provided with full access to the awarding body premises, staff and documentation.

A number of non-compliances were identified, and the Lead Auditor considers the risk of some of these to be significant. The Lead Auditor would strongly recommend that STA reviews its business planning process, as this has been previously identified as a potential weakness and continues to lack structure.

STA is also reminded that the most important measure of regulatory success is compliance with the *Awarding Body Criteria (2007)*. Whilst we are clearly interested in the financial performance of awarding bodies in terms of their ability to operate and protect learners, this is not our key requirement.

The Audit Team were encouraged to see that STA has established dedicated working groups to support qualification delivery and development, and were also reassured that future IT developments should address some areas of concern.

# Appendices

## Appendix 1: Current year non-compliances, observations and action plan

### Non-compliances

A non-compliance will be recorded where the Lead Accreditation Auditor finds evidence that the awarding body fails to meet any of *Awarding Body Criteria (2007)* or any of the conditions attached to qualification accredited by SQA Accreditation at the time of accreditation. When recording any non-compliance, the Lead Accreditation Auditor will agree the action to be taken by the awarding body and a timetable for resolving the issue.

Non-compliance recorded	Agreed action and date	Key Goal	Risk rating
<p>1. The systems and processes around the registration of Scottish candidates are not robust and reliable enough to provide accurate data for SQA accredited qualifications.</p>	<p>STA must introduce systems and procedures which demonstrate that it has put effective measures in place to ensure that when courses are organised, secondary checks are carried out to ensure that Scottish candidates are correctly registered.</p> <p>This means that STA must regularly run reports, similar to those requested by the Audit Team, to ensure that the data supplied to SQA Accreditation is accurate.</p> <p>Where the reports show anomalies, STA must take corrective action and ensure that any certificates issued in error are recalled and re-issued.</p> <p>By 31 December 2012.</p> <p><b>Extension to 28 February 2013.</b></p> <p><b>Closed out 28 February 2013.</b></p>	<p>Key Goals 5.1, 6.6 and 10.3</p>	<p>5</p>
<p>2. The information held on Quickr is not current, and in some cases there are no documents banked against Key Goals.</p>	<p>STA must carry out a full review of the missing information on Quickr and bank this by 31 December 2012.</p> <p>The awarding body is advised to nominate a member of staff who has responsibility for the ongoing accuracy and updating of its banked documents.</p>	<p>Keys Goal 6.1 and 6.5</p>	<p>4</p>

Non-compliance recorded	Agreed action and date	Key Goal	Risk rating
	<p>STA should also be aware that it will be required to bank its documents in line with new titling conventions against the Regulatory Principles by 1 April 2013.</p> <p><b>Closed out 19 December 2012</b></p>		
<p>3. STA's complaints policy does not state when tutors, examiners or candidates can complain to SQA.</p>	<p>STA must ensure that its complaints policies are consistent with each other, published on the website and clearly state the circumstances under which its stakeholders can complain directly to SQA Accreditation.</p> <p>By 31 December 2012.</p> <p><b>Extension to 28 February 2013.</b></p> <p><b>Closed out 28 February 2013.</b></p>	<p>Key Goal 9.1.4</p>	<p>3</p>
<p>4. The process for validating the currency of when an examiner/tutor was last moderated is insufficiently robust. With the further introduction of a one year moderation cycle for EFAW it is clear that there is confusion amongst STA staff and tutors/examiners and that STA has no plan as to how the changes in moderation will be achieved.</p>	<p>STA must clarify the frequency of moderation for all of its SQA Accredited provision within all of its guidance and ensure that the message is consistent across publications and its website.</p> <p>This must include clarification on whether or not each skill area is separately moderated or not.</p> <p>STA must also communicate its moderation policy to its tutors, examiners, moderators and staff.</p> <p>By 31 December 2012.</p> <p><b>Closed out 19 December 2012.</b></p>	<p>Key Goal 19.3</p>	<p>4</p>

**Observations**

An observation will be noted to ensure that any recommendations agreed during the audit are recorded for future reference. As observations are recorded for awarding body consideration only, it is not necessary to agree a timescale to resolve the observation in the awarding body action plan.

**Once agreed, the action plan is signed by representatives from both SQA Accreditation and the awarding body and will inform the agenda for the next annual audit meeting.**

Observations noted	Action recommended	Key Goal/criterion
1. The business planning that STA undertakes is fragmented across the organisation and there is a lack of evidence to show how objectives are monitored over time.	STA should consider a streamlined approach to its business planning across departments and clarify how each part of its business planning activities are linked.	Key Goal 3
2. The content of the <i>Procedures Manual</i> is not accurate and does not reflect current business practice.	The <i>Procedures Manual</i> should be updated to reflect current STA practices and banked on Quickr as soon as it is revised.	Key Goal 4
3. STA does not monitor the frequency of requests from candidates for replacement certificates.	STA should monitor the number of requests for replacement certificates at frequent intervals.	Key Goal 5
4. STA does not publicise that certificates for unit achievement are available.	STA should make it clear to candidates, tutors and examiners within their guidance that where they do not complete full awards that they are entitled to certification for the individual units they have achieved. STA may wish to consider contacting candidates who could have been affected by this and make them aware of their entitlement.	Key Goal 10
5. The awarding body is unable to differentiate between routine moderation visits and those that are carried for other purposes.	STA should differentiate between the types of quality assurance activities that it undertakes.	Key Goal 21

## Appendix 2: Risk-rating of non-compliances

SQA Accreditation assigns a risk rating to each non-compliance recorded as a result of an awarding body audit or through our centre monitoring activity. The table below illustrates how the rating for a non-compliance is assigned, and identifies the possible impact of the non-compliance on qualifications and/or the learner.

The assignment of a risk rating allows an awarding body to target their resources to areas that have been identified as having a major impact. The risk rating also allows SQA Accreditation to target its resources to support awarding bodies in improving their performance.

Rating	Risk	Impact of non-compliance
1	Very Low	The non-compliance is likely to cause minimal concern and would not threaten the integrity of the qualification or impact adversely on the learner. Any overall effect is likely to be small scale and/or localised, rather than widespread. The issue identified is unlikely to recur once resolved and no long lasting damage would be anticipated.
2	Low	The non-compliance is of low impact but of sufficient importance to merit intervention, with a low threat to the systems or procedures associated with the qualification and/or impact on the learner. Disruption may not just be localised but more widespread and would possibly cause residual damage; however, this could be easily corrected without further consequence.
3	Medium	The non-compliance could potentially damage the credibility of the qualification and/or be detrimental to the learner. There may be some impact to the systems or procedures that support the qualification or the operational effectiveness of the awarding body.
4	High	The non-compliance could have a high impact on the integrity and reliability of the qualification or the effective operation of awarding body as a whole if corrective action is not quickly taken. There is a high probability that the qualification and/or learner will be negatively affected.
5	Very High	The non-compliance will have a serious impact on the integrity and reliability of the qualification or the effective operation of the awarding body if corrective action is not immediately taken. There is a very high probability that the qualification and/or learner will be negatively affected.

In assigning a risk rating, each non-compliance is considered on its own merit, taking account of the context in which it was identified.

## Appendix 3: Table of awards

### Accredited qualifications currently offered

Award title	Code	Accreditation date	Re-accreditation date
STA Award in Emergency First Aid at Work	R056 04	18/11/2009	31/12/2012
STA Foundation Certificate in Swimming Pool & Spa Water Treatment	R080 04	16/06/2010	31/07/2013
STA Certificate in Swimming Pool & Spa Water Treatment	R081 04	16/06/2010	31/07/2013
STA Professional Award in Teaching Swimming at SCQF Level 6	R240 04	25/07/2012	31/07/2016
STA Professional Certificate in Teaching Swimming	R241 04	25/07/2012	31/07/2016
STA Professional Award in Pool Emergency Procedures at SCQF Level 6	R242 04	25/07/2012	31/07/2016
STA Professional Award for Pool Responder at SCQF Level 7	R243 04	25/07/2012	31/07/2016
STA Professional Award for Pool Lifeguard at SCQF Level 7	R244 04	25/07/2012	31/07/2016
STA Certificate in Teaching Swimming - Beginners *	R071 04	24/03/2010	31/03/2014
STA Certificate in Teaching Swimming - Full*	R072 04	24/03/2010	31/03/2014

Award title	Code	Accreditation date	Re-accreditation date
STA Certificate for the National Rescue Standard Pool Attendant*	R042 04	26/08/2009	31/07/2012
STA Certificate for the National Rescue Standard Pool Lifeguard*	R041 04	26/08/2009	31/07/2012
* These qualifications were overtaken on 25/07/12.			

## Appendix 4: Approval and accreditation conditions

A condition will be recorded at the time of approval of the awarding body or at the time of accreditation for an SQA accredited qualification. A condition is recorded when SQA's Accreditation Co-ordination Group finds evidence that the awarding body does not fully meet SQA's *Awarding Body Criteria (2007)*.

Condition	Agreed action and date	Key Goal/criterion
N/A		

## Appendix 5: List of documents reviewed pre-audit and post-audit

Document title	Date of issue	Version number	Comments
BSI ISO 9001:2000 Certificate			Expiry Date 8 July 2015
Customer Service Statement			
Enquiries About Results and Appeals Procedure	2010		
Equal Opportunities Policy	2012	V12.2	
Facilities Health, Safety and Welfare Check Sheet v12.2			
Malpractice Policy			
Monitoring and Data Protection Guidance Document v12.3			
Monitoring Visits and Data Protection			
Procedure for Recognition of Centres			
Procedure for Recognition of STA Tutor/Examiners			
Reasonable Adjustments Policy			
Ref 18 Guidance Notes for Lifesaving Tutors			
Ref 3 STA Tutor Structure Information	June 2010	V2	
Ref 31 Letters of Support for Qualification Re-Accreditation	November and December 2011		
REf 32 Extracts from Scottish Council Meetings	February 2011		

<b>Document title</b>	<b>Date of issue</b>	<b>Version number</b>	<b>Comments</b>
Ref: 12: STA Moderating Tutor	2011	V9	
Ref: 30 SkillsActive Support	October 2011		
Ref: 3; STA Tutor Structure	2010	V2	
Sample EFAW Certificate			
Sample letter to tutors	April 2011		
Sample PA Certificate			
Sample PL Certificate			
Sample PPOF Certificate			
Sample PPOTO Certificate			
Sample STA E-zine	July 2011		
Sample STCB Certificate			
Sample STCF Certificate			
Skills for Health emails regarding EFAW support	January 2012		
SQA Centre Information 2011 - 2012, Brett Preston 17/5/2012			
SSC Support Letter	October 2011		
STA Aquatic Tutor Manual v12.1	2012	12.1	
STA Assessment Methodology for Pool Rescue Qualifications			
STA Assessment Methodology for Swimming Teaching Qualifications			
STA Assessment Methodology	17 October 2012		
STA Awarding Body Complaints Procedure	2010	V2	
STA Procedures Manual	September		

<b>Document title</b>	<b>Date of issue</b>	<b>Version number</b>	<b>Comments</b>
	2009		
STA Scottish Council meeting minute Extracts	7 Feb 2011		
STA Tutor Community			
Tutor Manual - Foundation Unit v1.7	5 June 2009	V1.7	

## **Appendix 6: Signatures of agreement to action plan**

**For and on behalf of Safety Training Awards**

**For and on behalf of SQA Accreditation**

**Signature**

**Signature**

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**Designation**

**Designation**

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**Date**

**Date**

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