

Centre Monitoring Report

Highfield Awarding Body for Compliance

1 July to 11 October 2013

Note

Restricted or commercially sensitive information gathered during SQA Accreditation's quality assurance activities is treated in the strictest confidence. However, please note the following:

- ◆ The findings of this report and the associated Action Plan will be presented to SQA's Accreditation Committee.
- ◆ The report and Action Plan will be published on SQA Accreditation's website following receipt of the signed acceptance of audit findings.
- ◆ The contents will contribute towards the Quality Enhancement Rating which will, in turn, contribute towards the quality assurance activity and timescales.

Please note that SQA Accreditation's quality assurance activities are conducted on a sampling basis. Consequently, not all aspects of an awarding body's performance in quality assurance, contract compliance, implementation, awarding of certificates and fee arrangements (not an exhaustive list) may have been considered in this report to the same depth.

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1 Introduction

1.1 Scope and approach of centre monitoring

SQA Accreditation conducts quality assurance activities of all awarding bodies offering SQA-accredited qualifications or Units. This involves monitoring a sample of the awarding body's approved centres/providers or assessment sites. All centre monitoring will be conducted in a consistent manner within and between centres. The aim of monitoring is to:

- ◆ Ensure compliance under **SQA Accreditation's *Regulatory Principles (2011)*, Regulatory Principles Directives, the requirements of the clauses within and any conditions attached to the approved awarding body agreement and the Criteria for Accredited Qualifications.**
- ◆ Confirm that quality assurance arrangements are being conducted by the awarding body in accordance with its prescribed arrangements.
- ◆ Ensure that quality assurance arrangements are being conducted in a consistent manner, within and between centres.
- ◆ Inform future audit and monitoring activity for the awarding body.

All Principles were included within the scope of the monitoring activity.

A Requirement has been raised where SQA Accreditation found evidence that the awarding body has not met SQA Accreditation's regulatory requirements.

The following timescales apply:

- ◆ SQA Accreditation will issue this report within 30 working days of the final centre monitoring date.
- ◆ The awarding body must sign and return the report and associated Action Plan within 30 working days of the centre monitoring report being issued.
- ◆ Within a further 20 working days of receiving the proposed Action Plan, SQA Accreditation will confirm whether the Action Plan is appropriate to address the Requirements. This will be subject to the actions proving appropriate to the Requirements raised.
- ◆ SQA Accreditation will monitor progress towards completion of the actions identified in the Action Plan.

A Recommendation may be recorded in instances where SQA Accreditation considers there to be scope for improvement. Where these are agreed during centre monitoring, they are recorded on the report for future reference. As Recommendations are recorded for awarding body consideration only, it is not necessary to agree either actions or timescales to resolve these in the awarding body Action Plan.

1.2 Centre monitoring report timeline

SQA Accreditation centre monitoring report date 30 October 2013

Date centre monitoring report and Action Plan to be signed and submitted by HABC 14 January 2014

1.3 Centre monitoring dates

Five centres were monitored between 1 July 2013 and 11 October 2013.

1.4 Overview

As a result of the centre monitoring activities, five Requirements have been raised and three Recommendations have been recorded.

The five Requirements form the basis of the HABC Action Plan. This must be completed and submitted to SQA Accreditation for agreement within 30 working days of the centre monitoring report being issued. The Action Plan must be submitted by 11 December 2013.

Outcome(s)	Area(s) of concern	Risk rating
Requirement 1	Principle 12	High
Requirement 2	Principle 3 and 5	High
Requirement 3	Principle 6	Medium
Requirement 4	Principle 10	Medium
Requirement 5	Principle 18	Low
Recommendation 1	Principle 6	N/A
Recommendation 2	Principle 5	N/A
Recommendation 3	Principle 16	N/A

2 Centre monitoring findings

The following sections detail Requirements raised and Recommendations recorded against SQA Accreditation's *Regulatory Principles (2011)*, Regulatory Principles Directives, the requirements of the clauses within and any conditions attached to the Approved Awarding Body agreement and the Criteria for Accredited Qualifications.

2.1 Areas of good practice

The following areas of good practice were noted by centres:

The co-ordinator at Centre 1 highlighted that the:

- ◆ prices of the awarding body are competitive
- ◆ defined processes are very clear
- ◆ telephone service is efficient and the centre designated Account Manager is always well informed

The co-ordinator at Centre 2 highlighted the:

- ◆ knowledge and expertise of the centre designated Account Manager, who offers great support when needed.

The co-ordinator at Centre 3 highlighted the:

- ◆ professionalism of the awarding body
- ◆ quality of the awarding body's product
- ◆ quality of service received

The co-ordinator at Centre 4 highlighted the:

- ◆ simplicity and speed of the awarding body when dealing with centre enquiries
- ◆ electronic-based system for registering candidates and requesting exam papers, which was preferred to the paper request system used by other awarding bodies

The co-ordinator at Centre 5 highlighted the:

- ◆ forward thinking and evolving nature of the awarding body
- ◆ support offered to both the centre and learners

2.2 Requirements

Principle 12: The awarding body must ensure that assessments are accessible and produce results that are valid, reliable, transparent and fair.

Centre 4 reported to the Accreditation Auditor that problems with incorrect examination questions had been encountered. This related specifically to both the Award in Door Supervision (Scotland) SCQF Level 6 and Award for Scottish Personal Licence Holders (On and Off Sales) SCQF Level 6. The issue concerned the incorrect wording of the question, in that it was an England-specific question, within the Scottish version of the examination paper, as opposed to the required Scottish equivalent. This may have led to substantial disadvantage to the candidates who undertook the SQA-accredited qualification and to the auditor's knowledge SQA Accreditation has not been notified of this error occurring.

This evidence indicates that Highfield Awarding Body for Compliance does not meet the requirements of Principle 12. This has been raised as **Requirement 1**.

Principle 3: The awarding body must ensure that they employ robust processes to protect their own business interests as well as the interests of their approved centres and learners.

Principle 5: The awarding body must promote a culture of continuous improvement within the organisation and throughout their approved centres, and have in place a system which allows them to manage risk.

It was evidenced at Centres 1, 2 and 5 that no initial centre approval report was provided to the centres, only e-mail correspondence was sent from the awarding body, confirming they had been approved. At Centre 2, e-mail communication, evidenced during the centre visit, referenced the approval report but the centre co-ordinator had not seen it.

Additionally, Centres 2 and 3 did not receive subsequent external quality assurance/re-approval reports. Centre 2 did not receive any correspondence after the external quality assurance/re-approval visit. The co-ordinator at Centre 2 explained that he assumed the visit was successful as he was still able to post courses on the awarding body's online system and thus continued delivering the security courses. With regard to Centre 3, the centre co-ordinator had to specifically request the external quality assurance/re-approval report from the awarding body, as again the awarding body had failed to provide this, contrary to their *Quality Assurance Strategy*, at page 21, which states:

'The quality assurance manager will provide the report to the Centre.'

The information evidenced by the Accreditation Auditor at Centre 5 confirms that the awarding body has not undertaken appropriate external quality assurance/re-approval visits since initial approval, as confirmed by the centre co-ordinator. This was further evidenced by the fact that only one report could be made available to the Accreditation Auditor, which was entitled *Keeping in Touch/Customer Support*, which suggests this visit, being the only one since approval, concerned business development and as made clear from this report the portfolio of qualifications, being delivered by the centre, had not been reviewed.

The Accreditation Auditor evidenced further problems with Centre 5, specifically regarding course postings. It became evident that the centre co-ordinator had been incorrectly posting courses on the awarding body's online system as QCF qualifications when they should have been posted as SCQF qualifications. This was confirmed by the centre co-ordinator, who explained the error, stating that due to a lack of company resources, had been left in the position of posting the course details and had not considered the differences both jurisdictionally and legislatively of the Security qualifications. Problematically, due to the centre co-ordinator's lack of understanding of the process there may now be candidates working within Scotland who should have undertaken the SCQF qualification but instead undertook the QCF qualification, which due to legislative differences, particularly in the Door Supervision course, may disadvantage candidates at some stage. Furthermore, when the Accreditation Auditor asked the centre co-ordinator if it was possible to determine if any individual who had undertaken the QCF qualification was working in Scotland, it was confirmed that this was quite an impossible task due to the size of the organisation and the numbers involved. Moreover, when the centre co-ordinator was asked to provide candidate registration and certification numbers, he was unable to provide this information in a comprehensible fashion, thus the Accreditation Auditor believes that candidate numbers undertaking SQA-accredited qualifications at this centre are inaccurate.

The evidence available indicates that Highfield Awarding Body for Compliance does not meet the requirements of Principles of 3 and 5. This has been raised as **Requirement 2**.

Principle 6: The awarding body and their approved centres must have the relevant expertise, quality assurance procedures, technological, financial, human resources and other physical resources, to carry out their regulated functions, during the life of the qualifications and Units they offer.

On the day of the centre monitoring visit, the co-ordinators at Centres 1 and 5 could not provide the Accreditation Auditor with evidence of their tutor's continual professional development (CPD) records. The co-ordinator at Centre 1 believed it was not his responsibility to keep sight or track of such records, whilst the co-ordinator at Centre 2 assumed the tutor was keeping up to date with his own CPD due to SIA requirements and so he did not see the need to seek confirmation. This is of concern to the Accreditation Auditor, as the awarding body's *EQS Operations Manual*, at page eight, states that External Quality Support (EQS) should sample CPD. However, these centres have demonstrated they do not keep records of this, therefore, it would suggest that whilst undertaking the EQS visit the EQS did not review these records at any time.

At Centres 2 and 4, the Accreditation Auditor evidenced a lack of awareness of the awarding body's process for sealing examination papers at the end of the examination. The *Core Manual* states on page 23, '*...the papers should immediately after the examination be sealed in the security bag, in front of a witness.*' Both centres confirmed that only the invigilator sealed the examination papers with no witness present. Whilst Centre 2 also evidenced its unfamiliarity of the timeframe in which examination papers can be opened before an examination. They did not realise there was a time stated in the *Core Manual* at page eight: '*the sealed security bag, containing each individual examination paper, must not be opened until no more than five minutes before the commencement of the examination.*'

Additionally, Centre 3 evidenced a lack of unawareness of procedures required regarding confirming candidate identification, as the centre only checks identification upon starting the course and not again at the beginning of the examination as required by *The Core Manual* at page 19: '*...each learner's identification is checked before they are allowed to sit the examination*'.

The evidence available indicates that Highfield Awarding Body for Compliance does not meet the requirements of Principle 6. This has been raised as **Requirement 3**.

Principle 10: The awarding body must ensure that, where possible, progression or outcome opportunities for learners are clearly identified in terms of qualification pathways or employment opportunities.

Centre 3 was unable to evidence a recognition of prior learning policy and was unaware that one was required, as per the awarding body's *Centre Code of Conduct and Centre Agreement*, at page twelve: '*...have arrangements in place that allow for recognition of prior learning (RPL) (where appropriate)*'.

The evidence available indicates that Highfield Awarding Body for Compliance does not meet the requirements of Principle 10. This has been raised as **Requirement 4**.

Principle 18: The awarding body and their centres must deal with complaints on a fair and equitable basis, in line with their published procedures and timescales, and without unreasonable delay. The awarding body, their centres and learners must be made aware of how and when they can complain to SQA Accreditation. Where a complaint is upheld, the awarding body and/or centre must take appropriate, corrective and/or preventative action.

Centre 1 confirmed they did not have a complaints policy in place, only an appeals policy.

The evidence available indicates that Highfield Awarding Body for Compliance does not meet the requirements of Principle 18. This has been raised as **Requirement 5**.

2.3 Recommendations

Principle 6: The awarding body and their approved centres must have the relevant expertise, quality assurance procedures, technological, financial, human resources and other physical resources, to carry out their regulated functions, during the life of the qualifications and Units they offer.

At Centre 3, the co-ordinator's lack of awareness of policy guidelines was evidenced regarding ordering examination papers. The centre co-ordinator regularly requests papers for next day issue, for an examination which he intends to run that week. However, the awarding body's *Core Manual*, at page 16 states: '*all orders for written examination materials must be received by HABC at least five working days before the examination. Orders received less than three working days before the examination will be processed at HABC's discretion, although HABC, will not be able to guarantee that the materials will be received in good time.*' The Accreditation Auditor accepts that there may be times when short timescales for ordering are required and understands that the awarding body may be content with how this centre operates to such tight timelines. Technically no breach of policy has occurred but it is recommended that this situation is monitored by the awarding body with regards to meeting their requirements.

Additionally, at Centre 1, the co-ordinator was unaware of the awarding body's procedures in terms of quality assurance/re-approval, not realising that after initial approval, further yearly quality assurance visits were required in order to determine compliance with the awarding body's policies, or indeed further engagement visits if the awarding body thought them appropriate. It was evidenced by the Accreditation Auditor that all centres visited are not aware of the awarding body's *Quality Assurance Strategy*, which states the varying types of engagement and when these are likely to take place. This essentially is not an open or transparent procedure, as centres are entirely unaware of the types of engagement visit the awarding body can conduct and the corresponding timescales of such visits. This confirms to the Accreditation Auditor that there is insufficient information being given to centres on this issue.

The issues above raise concerns with regard to communication between the awarding body and its centres and the materials being provided. Therefore it is recommended that the awarding body re-iterate the points above to centres to clarify each of the issues. Moreover, the awarding body should consider specifically producing guidance for centres which identifies engagement visits and timeframes, in order to make the awarding body's processes open and transparent.

Finally, at Centre 5 the co-ordinator, at the time of the visit, was unable to produce the qualifications of the tutor (either original or copy certificates) for the Accreditation Auditor to view. This was due to the nature of the centre having a centralised human resources system, which meant that such documentation was held outwith the control of the co-ordinator. However, it is the co-ordinator's responsibility to hold such information so that if the Accreditation Auditor requests this information, it is readily available to view. It is to be noted though that the co-ordinator did provide the qualifications after the visit. It would be advisable for the awarding body to address such issues with centres, making clear that any information they assume likely to be requested by individuals, such as the Accreditation Auditor, be kept with the centre co-ordinator. Copies would be acceptable.

This has been recorded as Recommendation 1.

Principle 5: The awarding body must promote a culture of continuous improvement within the organisation and throughout their approved centres, and have in place a system which allows them to manage risk.

The Accreditation Auditor determined that Centres 1 and 3 did not have a quality assurance policy in place. Although this does not appear to be stated as required centre criteria in the awarding body policies, the engagement visit report template suggests this is a factor in the awarding body's external quality assurance visits. Therefore, it would be advisable to suggest to centres, for good practice, to have an overarching quality assurance policy/manual.

This has been recorded as Recommendation 2.

Principle 16: Qualification title:

The awarding body must ensure that qualifications and Unit titles:

- a. are clear, meaningful and consistent**
- b. specify the relevant subject area**
- c. include the SCQF level of the qualification or Unit (where relevant)**

It was evidenced by the Accreditation Auditor that Centre 1 mis-referenced qualification titles when issuing induction materials to candidates, failing to include Scotland within the qualification title. It would be appropriate for the awarding body to reaffirm to centres that full qualification titles should be clearly noted, in order to fully inform candidates undertaking the qualification.

This has been recorded as Recommendation 3.

3 List of documents reviewed during centre monitoring

Document title	Date of issue	Version number
Centre 1 Appeals Policy and Procedures		
Centre 1 Equal Opportunities Policy		
Centre 1 First Aid Policy		
Centre 1 Disability Policy		
Centre 1 Exam Procedure Policy		
Centre 1 Registration and Certification Policy	February 2010	
Centre 1 Invigilation Policy	February 2010	
Centre 1 Health and Safety Policy		
Centre 1 Accreditation of Prior Learning Policy		
Centre 1 Reasonable Adjustment and Special Consideration Policy		
Centre 1 Student Code of Conduct		
Centre 1 Malpractice and Academic Misconduct Policy (Learner and Centre Staff)		
Centre 1 Assessment and IV Policy		
Centre 2 HABC Confirmation of Centre Registration	9 August 2012	
Centre 2 Declaration Form	3 August 2012	
Centre 2 Candidate Assessment Form		SF026

Centre 2 Carlton Training License Agreement for Centre Trainer to Deliver Physical Intervention	26 December 2012 Valid until 3 December 2013	
Centre 2 Minutes of Meetings	11/01/2013	
Centre 2 Minutes of Meetings	13/07/2012	
Centre 2 Trainer CV and CPD	March 2012 – June 2013	
Centre 2 Equal Opportunities Policy	January 2012	
Centre 2 Equal Opportunities Policy Action Plan		
Centre 2 Complaints Procedure	January 2012	P006 A
Centre 2 Complaints Report		SF011
Centre 2 Complaints Register		SF024
Centre 2 Assessment Malpractice Policy		
Centre 2 Health and Safety Policy		
Centre 2 Risk Assessment Form		
Centre 2 Fire Risk Assessment		
Centre 2 Invigilator Checklist		
Centre 2 Quality Assurance Policy		
Centre 2 Physical Intervention Suitability of Environment Checklist		
Centre 2 Physical Intervention Medical Checklist		
Centre 3 Approved Centre Certificate of Registration/approval	22/3/11	
Centre 3 RDS License Agreement for tutor to deliver Physical Intervention Skills for Private Security Industry level 2	25/2/13	

Centre 3 Tutor Qualifications		
Centre 3 Minutes of Meeting	28/06/13 31/05/13 29/04/13 29/03/13 28/02/13 20/01/13	
Centre 3 Corporate & Social Responsibility Policy	July 2013	
Centre 3 Quality Assurance Statement	July 2013	
Centre 3 Malpractice Policy	July 2013	
Centre 3 Health & Safety Policy	July 2013	
Centre 3 First Aid Policy	July 2013	
Centre 3 Equal Opportunities and Diversity Policy	July 2013	
Centre 3 Data Protection Policy	July 2013	
Centre 3 Course Evaluation Form		
Centre 3 Examination Records		
Centre 3 Example Exam Paper		
Centre 3 Complaints Procedure		
Centre 3 Appeals Procedure		
Centre 3 Venue Specification	06/12	V15
Centre 3 Health and Safety Checklist	06/12	V15
Centre 3 Venue Floor Plan – PI course	06/12	V15
Centre 3 Venue Risk Assessment Form	06/12	V15
Centre 3 Examination Room Checklist		
Centre 4 Approval Certificate		

Centre 4 Certificate of Insurance for Physical Intervention/ Conflict Management Training	11/03/13 – 10/03/14	
Centre 4 Certificate of Incorporation	14/12/11	
Centre 4 Health and Safety Policy	23/07/13	
Centre 4 Equal Opportunities Policy	06/02/11	
Centre 4 Complaints Procedure		
Centre 4 Appeals Policy		
Centre 4 Reasonable Adjustment/ Special Consideration Policy		
Centre 4 Data Protection Policy		
Centre 4 Candidate Feedback Form		
Centre 4 Venue Risk Assessment (PI)		
Centre 4 Centre Risk Assessment		
Centre 4 Fire Risk Assessment		
Centre 4 Medical Questionnaire		
Centre 4 Tutor Qualifications		
Centre 4 Dynamics License Agreements for Physical Intervention	11/03/13 – 10/03/14	
Centre 4 Physical Intervention Risk Assessment		
Centre 5 Approval Certificate	15/06/11	
Centre 5 E-mail from HABC advising of successful EV visit	02/07/13	
Centre 5 Appeals Procedure		
Centre 5 Health and Safety Policy		MG/PO1/001/ 01
Centre 5 Equality, Diversity & Inclusion Policy	10/01/11	MG/PO1/503/ 02

Centre 5 Malpractice Policy		
Centre 5 Reasonable Adjustments Policy Application for Reasonable Adjustment Applying for Special Consideration Form		
Centre 5 Quality Policy		
Centre 5 Certificates of Employers Liability Insurance	01/04/13 – 31/03/14	
Centre 5 Risk Assessment & Method Statement		AMF134/01
Centre 5 Risk Assessment Form		MG(F)209/02
Centre 5 Fire Risk Assessment		MG(F)220/02
Centre 5 Training Evaluation Form		
Centre 5 Learner Identification Verification Policy		
Centre 5 Tutor Qualifications		
Centre 5 Minutes of Meetings		
Centre 5 Satellite Examination site details		

4 Risk rating of Requirements

SQA Accreditation assigns a risk rating to each Requirement recorded as a result of awarding body quality assurance activity. The table below illustrates how the rating for a Requirement is assigned. A weighting is applied that depends on the risk identified and the possible impact on qualifications and/or the learner of failure to implement that Requirement.

The assignment of a risk rating allows an awarding body to assign their resources to areas which have been identified as having a major impact on the qualifications and/or the learner. The risk rating also allows SQA Accreditation to assign its resources to support awarding bodies in improving their performance.

Risk	Impact of Requirements identified through quality assurance activity
Very Low	The Requirement has been identified as 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 identified Requirement is unlikely to recur once resolved and no long lasting damage would be anticipated.
Low	The Requirement has been identified as low impact but is 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.
Medium	The Requirement has been identified as having the potential to 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.
High	The Requirement has been identified as having a potentially high impact on the integrity and reliability of the qualification, or the effective operation of the 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.
Very High	The Requirement has been identified as having 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 Requirement is considered on its own merit, taking account of the context in which it was identified.



5 Action Plan

A separate document in Microsoft Word has been forwarded with this centre report.

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
Principle 12	The awarding body must ensure the correct wording of questions used within examination papers.	High		
Principles 3 & 5	<p>The awarding body must ensure that the initial centre approval report and subsequent external quality assurance/re-approval reports is provided to centres.</p> <p>The awarding body must ensure external quality assurance/re-approval centre visits are routinely undertaken as per their</p>	High		

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
	<p>policies.</p> <p>The awarding body must ensure centres are correctly posting courses.</p> <p>The awarding body must ensure centres are keeping track of candidate registration and certifications for SQA-accredited qualifications.</p>			
Principle 6	<p>The awarding body must ensure centres retain evidence of tutor continual professional development (CPD) records.</p> <p>The awarding body must ensure centres are aware of the awarding body's process for sealing examination papers; timeframe in which examination papers can be opened before an</p>	Medium		

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
	examination; and procedures required regarding confirming the identity of candidates.			
Principle 10	The awarding body must ensure centres have a Recognition of Prior Learning policy.	Medium		
Principle 18	The awarding body must ensure centres have a complaints policy.	Low		

Signatures of agreement of Action Plan

For and on behalf of Highfield Awarding Body for Compliance:

For and on behalf of SQA Accreditation:

Signature

Signature

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Date

Date

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6 Acceptance of centre monitoring findings

For and on behalf of Highfield Awarding Body for Compliance

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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