



Centre Monitoring Report

Institute of Leadership and Management

11 June and 19 June 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 last centre monitoring visit.
- ◆ The awarding body must sign and return the centre monitoring 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 24 July 2013

Date Centre Monitoring Report and Action Plan to be signed and submitted by the Institute of Leadership and Management (ILM) 4 September 2013

1.3 Centre monitoring dates

Two centres were monitored on 11 June and 19 June 2013.

1.4 Overview

As a result of the centre monitoring activities, one Requirement has been raised and five Recommendations have been recorded.

The one Requirement forms the basis of the ILM 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 4 September 2013.

Outcome(s)	Area(s) of concern	Risk rating
Requirement 1	Principle 6	Medium
Recommendation 1	Principle 1	N/A
Recommendation 2	Principle 2	N/A
Recommendation 3	Principle 6	N/A
Recommendation 4	Principle 7	N/A
Recommendation 5	Principles 18 and 23	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 the:

- ◆ helpful nature of the awarding body staff
- ◆ efficient nature of the walled garden
- ◆ prompt response to queries

The Co-ordinator at centre 2 highlighted the:

- ◆ regular communication from ILM
- ◆ quality resources
- ◆ functionality of the walled garden, especially with regard to making registration and certification user friendly

2.2 Requirements

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.

Centre 1 was approved at the end of 2011. The *ILM Guide to External Quality Assurance for Centres and Providers*, Page 3 states that, 'it is anticipated that each EV will, with each centre, prior to DCS being granted, undertake one Customer Review visit per year plus two additional monitoring activities.' As a new centre, centre 1 was allocated medium centre support status. Page 10 of the aforesaid document states that, '*normally, new centres would fall into this centre support status, with its first external verification happening within 6 months of approval, to provide support and guidance.*' Despite these statements, the first external verification visit at centre 1 occurred more than 15 months after approval.

Candidates were not registered until June 2012, which may explain the delay to the external verification schedule at the centre. Nonetheless, the lack of external verification activity contradicts the ILM documentation. ILM must ensure that its quality assurance procedures are employed consistently across centres.

The evidence available indicates that ILM does not meet the requirements of Principle 6.

This has been raised as Requirement 1.

2.3 Recommendations

Principle 1. The awarding body must deal with SQA Accreditation in an open and co-operative way, and disclose anything which SQA Accreditation would reasonably expect to be made aware.

The Auditor found that the centre list uploaded to Quickr contained an incorrect contact phone number and e-mail address for centre 2.

ILM should ensure that contact information for centres is accurate.

This has been recorded as Recommendation 1.

Principle 2. The awarding body must publish clear information on their products, services and associated charges and fees.

Firstly, the *ILM Customer Handbook – The essential information you need to work with ILM, Version 1.4* has replaced the *ILM Centre Manual*. Section D of *The ILM Customer Handbook*, contains information on policies and guidance with a link to *D15, Assessment Guidelines* which sets out ILM's strategy for assessing regulated qualifications. This link leads to the *ILM Summative Assessment Policy, January 2013*. This policy does not refer to SQA Accreditation as a regulator of ILM qualifications or to the SCQF, instead referring only to another qualification regulator and related QCF provision. Further, this policy does not detail the requirements for the competence of assessors, information which is very important to centre staff and previously contained in the *Centre Manual*. The Auditor could not find this information anywhere else in the *ILM Customer Handbook*.

ILM should ensure that the *Assessment Guidelines* make appropriate reference to SQA accredited qualifications. ILM should also ensure that the *ILM Customer Handbook* which details the essential information needed to work with ILM, contains the requirements for assessor competence.

Secondly, when outlining the requirements for the competence of verifiers, *the Internal Quality Assurance Requirements for Approved ILM Centres and Recognised Providers, Page 6*, includes the QCF verifier replacement qualification but does not include the Learning and Development Units as an option. ILM should update this document to reference the Learning and Development Units where appropriate.

ILM should ensure the currency of documentation.

This has been recorded as Recommendation 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.

The Auditor reviewed a selection of Centre Activity Reports and Customer Review Forms in the course of monitoring centre 2. The name of the External Verifier who conducted a recent Centre Activity Report was missing from the report and the Customer Review Form does not appear to have a section to designate the verifier's name.

In order to ensure the integrity of the audit trail, ILM should ensure that awarding body staff names or signatures are recorded where relevant.

This has been recorded as Recommendation 3.

Principle 7: The awarding body must ensure that SQA Accreditation is granted access to the awarding body, their approved centres, assessment locations, staff, learners, premises, meetings, documents, data, analysis and evaluations on request.

Centre 1 had not retained a copy of their centre application form, despite being a recently approved centre.

ILM should ensure that centres retain relevant documentation for audit purposes.

This has been recorded as Recommendation 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.

Principle 23. The awarding body and their centres must publish clear, fair and equitable procedures and timelines for dealing with enquiries about results and appeals. They must take appropriate, corrective and/or preventative action for all learners and centres affected.

In centres 1 and 2, the centre devised complaints procedures did not reference the fact that candidates can complain to the awarding body and to SQA Accreditation; the appeals procedures did not reference the fact that candidates can appeal to SQA Accreditation.

A similar issue was raised as a non-compliance in the centre report of 2012–13 and has recently been addressed by ILM in June 2013 via their annual conference. Hence, in this instance, the issue is being recorded here as the recommendation that ILM should continue to ensure that centres publish appropriate information with regard to complaints and appeals.

This has been recorded as Recommendation 5.

3 List of documents reviewed during centre monitoring

Document title	Date of issue	Version number
ILM Customer Handbook – The Essential information you need to work with ILM		1.4
Internal Quality Assurance Requirements for Approved ILM Centres and Recognised Providers	2012	
Guide to External Quality Assurance for Centres and Providers	2012	
ILM Summative Assessment policy	January 2013	
ILM Appeals and Results policy	February 2012	
ILM Complaints policy	May 2012	
ILM SVQ 3 in Management at SCQF Level 7 – Qualification Specification	June 2011	
ILM SVQ 4 in Management at SCQF Level 9 – Qualification Specification	June 2011	
Skills cfa Assessment Strategy Management and Leadership Standards	August 2011	
Centre re-approval application and report	2011	
Centre's re-approval letter	2011	
Centre's qualification approval application	2011	
Centre's approval certificate		
Walled garden application form		
Candidate registration and certification figures		
Staff matrix		
Staff occupational competence certificates and assessor/verifier certificates		
CPD records		
Standardisation meeting minutes	2012; 13	
Assessment site list		
Communication flowchart		
Centre's VQ process		
Centre's IV process		
Centre's IV sampling plans and records		

Document title	Date of issue	Version number
Health and Safety at work risk assessment		
Health and Safety assessment centre site checklist		
Equal opportunities statements	2011	
ILM Customer Review Form	2012	
Centre activity reports (EV)	2012, 2013	
Direct Claim Status letter		
Induction materials and checklists		
Induction presentation		
Centres' quality assurance and appeals procedures		
Centre's quality assurance policy	2012	
Centres' complaints procedure		
Learning Assistant e-portfolio system		

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 monitoring 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 6	ILM documentation states that prior to DCS, it is anticipated that the EV will undertake one Customer Review plus two additional monitoring activities per year and that the first EV visit for new centres would occur within six months of approval, to give support and guidance. However, the first external verification visit at centre 1 occurred more than 15 months after approval.	Medium		

Signatures of agreement of Action Plan

For and on behalf of ILM:

Signature

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Date

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For and on behalf of SQA Accreditation:

Signature

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Date

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6 Acceptance of centre monitoring findings

For and on behalf of ILM:

Signature

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Designation

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Date

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For and on behalf of SQA Accreditation:

Signature

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Designation

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Date

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