



# **North West Forestry Services Quality Assurance Manual**

**Version 6 – January 2023**

**V6. January 2023 – Documented Changes**

## Contents

Foreword.....	1
Figures and Tables .....	2
Abbreviations.....	2
Section 1: Introduction .....	3
1. Profile.....	3
2. Mission Statement .....	3
3. Accreditations/Validations.....	3
Section 2: Policies and Procedures .....	6
1. Governance and Management of Quality.....	6
1.1 Governance .....	6
1.1.1 Group/Panel Selection .....	7
1.1.3 Education and Training Governance.....	<a href="#">9</a>
1.1.4 Terms of Reference.....	10
1.1.5 Risk Management .....	<a href="#">144</a>
1.1.5.1 Analyse the Context.....	<a href="#">166</a>
1.1.5.2 Identifying the Risks.....	<a href="#">177</a>
1.1.5.3 Analyse and Evaluate the Risks.....	<a href="#">188</a>
1.1.5.4 Manage/Control the Risks .....	<a href="#">20</a>
1.1.5.5 Risk Matrix .....	<a href="#">222</a>
1.1.6 Monitoring and Review.....	23
1.2 Management of Quality Assurance .....	24
1.2.1 Management Responsibility .....	24
1.2.2 Designated Responsibility.....	25
1.2.3 Individual Roles and Responsibilities .....	26
1.2.3.1 Training Manager.....	26
1.2.3.2 Training Administrator.....	27
1.2.3.3 External Evaluator .....	28
1.2.3.4 Internal Verifier (IV) .....	28
1.2.3.5 External Authenticator.....	29
1.2.3.6 Trainers .....	29
1.2.3.7 Assessors.....	31
1.3 Embedding a Quality Culture .....	32

1.3.1 Continuous Quality Improvement Policy .....	32
1.3.2 Quality Strategy .....	33
2. Documented Approach to Quality Assurance.....	34
2.1 Documented Policies and Procedures .....	34
2.1.1 Principles.....	34
2.1.2 Purpose of the QAS.....	35
2.2 A Comprehensive System .....	35
2.3 Monitoring and Review.....	35
3. Programmes of Education and Training.....	36
3.1 Programme Development and Approval .....	36
3.1.1 Needs Assessment .....	37
3.1.2 Programme Design.....	37
3.1.3 Programme Approval.....	38
3.1.3.1 Programme Approval Flow Chart.....	39
3.1.4 Programme Planning.....	40
3.1.5 Programme Delivery .....	40
3.2 Learner Admission, Progression and Recognition .....	41
3.2.1. Access, Transfer and Progression Policy .....	41
3.2.1.1 Information for Learners.....	42
3.2.1.2 Recognition of Prior Learning (RPL) .....	43
3.2.1.2.1 RPL Chart.....	44
3.2.1.3 Transfer and Progression .....	44
3.3 Programme Monitoring and Review.....	45
3.3.1 Programme Review .....	45
3.4 Monitoring and Review.....	46
4. Staff Recruitment, Management and Development .....	46
4.1 Recruitment .....	47
4.2 Communication.....	48
4.3 Development.....	49
4.4 Code of Conduct.....	51
4.5 Monitoring and Review.....	51
5. Teaching and Learning .....	52
5.1 Teaching and Learning Policy.....	52
5.2 A Provider Ethos that Promotes Learning.....	53

5.2.1 Facilitating Diversity .....	53
5.2.2 Learner Complaints .....	54
5.2.3 Learner Appeals .....	55
5.3 National and International Best Practice .....	56
5.4 Learning Environments .....	56
5.4.1 Learning Resources .....	56
5.4.2 Selection of Premises .....	57
5.5 Monitoring and Review .....	57
6. Assessment of Learners .....	58
6.1 Assessment of Learning Achievement .....	59
6.1.1 Information to Learners .....	59
6.1.2 Coordinated Planning of Assessment .....	59
6.1.3 Security of Assessment Related Processes and Material .....	60
6.1.4 Reasonable Accommodation .....	61
6.1.5 Consistency of Marking between Assessors .....	62
6.1.6 Cross Moderation .....	63
6.1.7 Internal Verification .....	64
6.1.8 External Authentication .....	65
6.1.9 Results Approval .....	68
6.1.10 Feedback to Learners .....	69
6.2 Monitoring and Review .....	69
7. Supports for Learners .....	69
7.1 Supports for Learners .....	71
7.2 Monitoring and Review .....	72
8. Information and Data Management .....	72
8.1 Information Systems – Performance Measures .....	<a href="#">74</a>
8.2 Learner Information System .....	<a href="#">76</a>
8.3 Management Information System .....	<a href="#">76</a>
8.4 Information for Further Planning .....	78
8.4.1 Data Analysis .....	78
8.5 Completion Rates .....	78
8.6 Records Maintenance and Retention .....	78
8.6.1 Records Management .....	78
8.7 Data Protection and Freedom of Information .....	80

8.7.1 Obtaining and Processing Data .....	81
8.7.2 Data Access Requests.....	83
8.7.3 Requests to Rectify, Erase, Restrict or Objections to Processing .....	83
8.7.4 Data Portability Requests.....	84
8.7.5 Confidentiality and Security .....	85
8.7.6 Data Cleansing .....	86
8.6.7 Managing a Data Breach .....	87
8.7.8 Internal Audits.....	89
8.7.9 Awareness Training and Support .....	90
8.7.10 Data Retention and Disposal.....	90
8.7.11 Retention Schedule .....	92
8.8 Monitoring and Review.....	92
9. Public Information and Communication.....	93
9.1 Programme Information .....	94
9.1.1 Communication with Stakeholders.....	95
9.2 Learner Information.....	95
9.2.1 Protection for Enrolled Learners.....	95
9.3 Publication of Quality Assurance and Evaluation Reports.....	95
9.4 Monitoring and Review.....	96
10. Other Parties Involved in Education and Training .....	96
10.1 Peer Relationships.....	96
10.2 External Partnerships and Second Providers .....	96
10.3 Expert Panellists, Examiners and Authenticators .....	96
10.4 Monitoring and Review.....	96
11 Self-Evaluation, Monitoring and Review.....	97
11.1 Provider owned Internal Review, Self-Evaluation and Monitoring .....	98
11.2 Systematic Internal Monitoring .....	98
11.2.1 Internal Audits.....	99
11.3 Self-Evaluation, Improvement and Enhancement .....	100
11.3.1 Selection of External Evaluator .....	102
11.3.2 Learner Involvement .....	103
11.3.3 Management and Staff Involvement .....	104
11.4 Provider owned Quality Assurance Engages with External Quality Assurance .....	105

## **Foreword**

This document is the result of a lengthy process of consultation and collaboration among the staff of North West Forest Services (NWFS), external consultation and a comprehensive analysis of existing processes. This process was valuable in many ways, in that it has:

- Raised awareness and promoted discussion in relation to quality issues.
- Allowed for the documentation of quality standards already being achieved.
- Provided an opportunity to improve the quality of programmes and services through development of new quality standards.
- Increased understanding and encouraged co-operation among all QQI programmes.
- Promoted dissemination of good practice across programmes.
- Encouraged the development of expertise in quality assurance in the staff team

We are grateful to all the people who devoted time and energy to the process, always in the spirit of improving the services that we provide.

Steven Doherty

Sean Doherty

Directors of North West Forest Services

<b>Figures and Tables</b>		
<b>Number</b>	<b>Name</b>	<b>Page</b>

<b>Abbreviations</b>	
QQI	Quality and Qualifications
NWFS	North West Forest Service
ABA	Awarding Board Association
TM	Training Manager
CQI	Continuous Quality Improvement
QAS	Quality Assurance System
QAM	Quality Assurance Manual
DPC	Data Protection Controller
RPL	Recognition of Prior Learning

## Section 1: Introduction

### 1. Profile

North West Forest Services (NWFS) offer a wide range of education and training for those interested in becoming qualified in arboriculture and related disciplines. Completing one of our accredited courses provides students with the skillset to meet the demands of a career in arboriculture, estate and property management, and many others.

Our training is delivered primarily at our premises in Knock, Ballybofey, Co. Donegal. Our facilities include: a training room, toilet facilities, tea and coffee area and an outdoor area which is used for the practical part of the courses. In addition, some courses are run, by arrangement, at other venues throughout the county, i.e. community centres, community employment schemes, education centres and business centres.

### 2. Mission Statement

*“Our mission is to serve our customers to the highest possible standard of Quality, Safety and Professionalism while respecting the Environment in which we operate”*

### 3. Accreditations/Validations

**Quality and Qualifications (QQI)** – Our quality assurance procedures were approved in 2011 and we currently have the following programmes validated by QQI:

1. All-Terrain Vehicle Operations – 5N1752
2. Boom Sprayer Pesticide Application – 5N1797
3. Chainsaw Operations – 5N3404
4. Felling and Processing Large Trees – 5N3406
5. Felling and Processing Small Trees – 5N3405
6. Handheld Pesticide Application – 5N0731
7. Processing Individual Wind-Blown Trees – 5N3407
8. Processing Multiple Wind-Blown Trees – 5N3409
9. Occupational First Aid – 5N1207
10. Operating Horticulture Equipment – 3N0889



**NPTC City & Guilds** – Our quality assurance procedures were approved in 2011 and we currently have the following programmes validated by NPTC City & Guilds:

1. Chainsaw Maintenance and Cross cutting - 201 & 202 (CS30)
2. Felling and Processing Tree up to 380mm – 203 (CS31)
3. Felling and Processing Trees Over 380mm – 301 (CS32)
4. Sever Uprooted or Windblown Trees using a Chainsaw – 302 (CS35)
5. Tree Climbing and Rescue – 206 & 306 (CS38)
6. Aerial Cutting of Trees with a Chainsaw using Free-fall techniques 308 – (CS39)
7. Aerial Tree Pruning – 307 (CS40)
8. Fell Utility Poles – (CS43)
9. Safe Use of Pole Pruner – 205 (CS48)
10. Emergency Tree Work – 2105 (CS50)
11. Woodchipper – 222
12. Mobile Elevated Work Platform – 311
13. Safe Handling and Application of Pesticides – PA1
14. Safe Application of Pesticides Using Boom Sprayer – PA2
15. Safe Application of Pesticides using Pesticides – PA6
16. Basic Electrical Knowledge – UA1
17. Tree Species Recognition, Growth Characteristics & Associated Hazards – UA2.1
18. Prune & Fell Tree – (Ground)
19. Prune Tree – (Aerial)
20. Utility Arboriculture Surveyor – Practices
21. Utility Arboriculture Surveyor – Principles
22. Safe use of Pedestrian Controlled Mowers – 1401 / 1402
23. Safe use of Ride-on Self Propelled Mowers – 1403 / 1404

**LANTRA** – Our quality assurance procedures were approved in 2017 and we currently have the following programmes validated by LANTRA:

1. Chainsaw Basic Felling Techniques up to 200mm – 2557 / 2895
2. Chainsaw Maintenance & Crosscutting – 911 / 2556
3. Chainsaw Maintenance & Crosscutting Refresher – 2893 / 2894
4. Chainsaw Basic Felling Techniques up to 380mm – 2564 / 2896
5. Cross Cut Timber Using a Chainsaw – 992
6. Ground Based Forestry & Arboriculture Operations – 2826
7. Assisted Fell Operations – 5947
8. Felling & Processing Trees over 380mm – 2543 / 2898
9. Sever Uprooted or Windblown Trees using a Chainsaw – 3156 / 3155 / 3154

**Accreditation Board Association (ABA)** - Our quality assurance procedures were approved in 2018 and we currently have the following programmes validated by ABA:

1. Chainsaw Maintenance & Crosscutting – ECC1
2. Basic Tree Felling Techniques – ECC2
3. Advanced Tree Felling Techniques – ECC3
4. Windblown Trees – ECC4
5. Manual Woodchipper Operations – M3
6. Pole Pruner Operations – M4

#### **International Standards Organization (ISO)**

1. ISO 9001 : 2015 - Quality Management Systems
2. ISO 14001 : 2015 – Environmental Management Systems
3. ISO 45001: 2018 – Health & Safety Management Systems

#### **Other Accreditations**

Member of Construction Line

Safe T Cert Certified

## Section 2: Policies and Procedures

This section outlines the key policies and associated procedures which inform the day to day practices associated with NWFS education and training activities.

### 1. Governance and Management of Quality

#### 1.1 Governance

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to ensuring effective governance operates within the organisation. This will ensure that the organisation delivers its strategic and operational objectives and provides monitoring and control during programme design, delivery and evaluation. It will also ensure that the QAS is systematically assessed and preventive and corrective action taken where necessary and that the organisation will run responsibly, efficiently and effectively. We will ensure this by having the following in place:</p> <p>Commercial Board – To provide strategic planning and oversight of the implementation of the QAS, evaluate and approve draft programmes prior to QQI submission. The Board of Directors has formally delegated authority to the Management Board as the unit of corporate governance.</p> <p>Provide direction and strategic planning.</p> <p>Establish a policy-based governance system.</p> <p>Oversight of quality assurance policies and procedures and legal obligations.</p> <p>Financial oversight and budget allocation.</p> <p>Approve programme design from Academic Panel and submit to Programme Approval Panel.</p> <p>Academic Panel – To provide academic input and design draft programmes for submission to Commercial Board and Program Approval Panel. The independence of the academic committee, as the pre-eminent academic unit of governance is set out through a formal delegation of authority from the Board of Directors. The Chair of the academic unit of governance is an appropriately qualified individual with experience in education and training who does not play any other role within the organisation. Ensure all academic decisions are made independently with no influence from the commercial board. Ensure the proposed programme meets national and international best practice in programme design and delivery. Ensures that the teaching and learning methods are appropriate to the programme content and learning outcomes. Ensure the proposed programme meets all learning outcomes. The Terms of Reference includes terms of office, voting rules and articulation of the role of the Chair. NWFS ensures follow through on all documentation, to ensure consistency across all policies and procedures in relation to demonstrating there is no undue influence on academic delegated authority</p> <p>A Programme Approval Panel – To approve draft programmes prior to submission for validation etc.</p> <p>A Results Approval Panel – To approve results prior to submission for progression, certification etc.</p> <p>Self-Evaluation Panel – To carry out and complete a self-evaluation report and internal quality</p>			

management system audit and complete relevant improvement plans prior to submission.

A term of reference for all the above.

Roles and responsibilities for all those involved in education and training documented and communicated.

#### **Purpose**

To ensure strategic guidance, effective monitoring and review of education and training activities at all levels of the organisation.

#### **Scope**

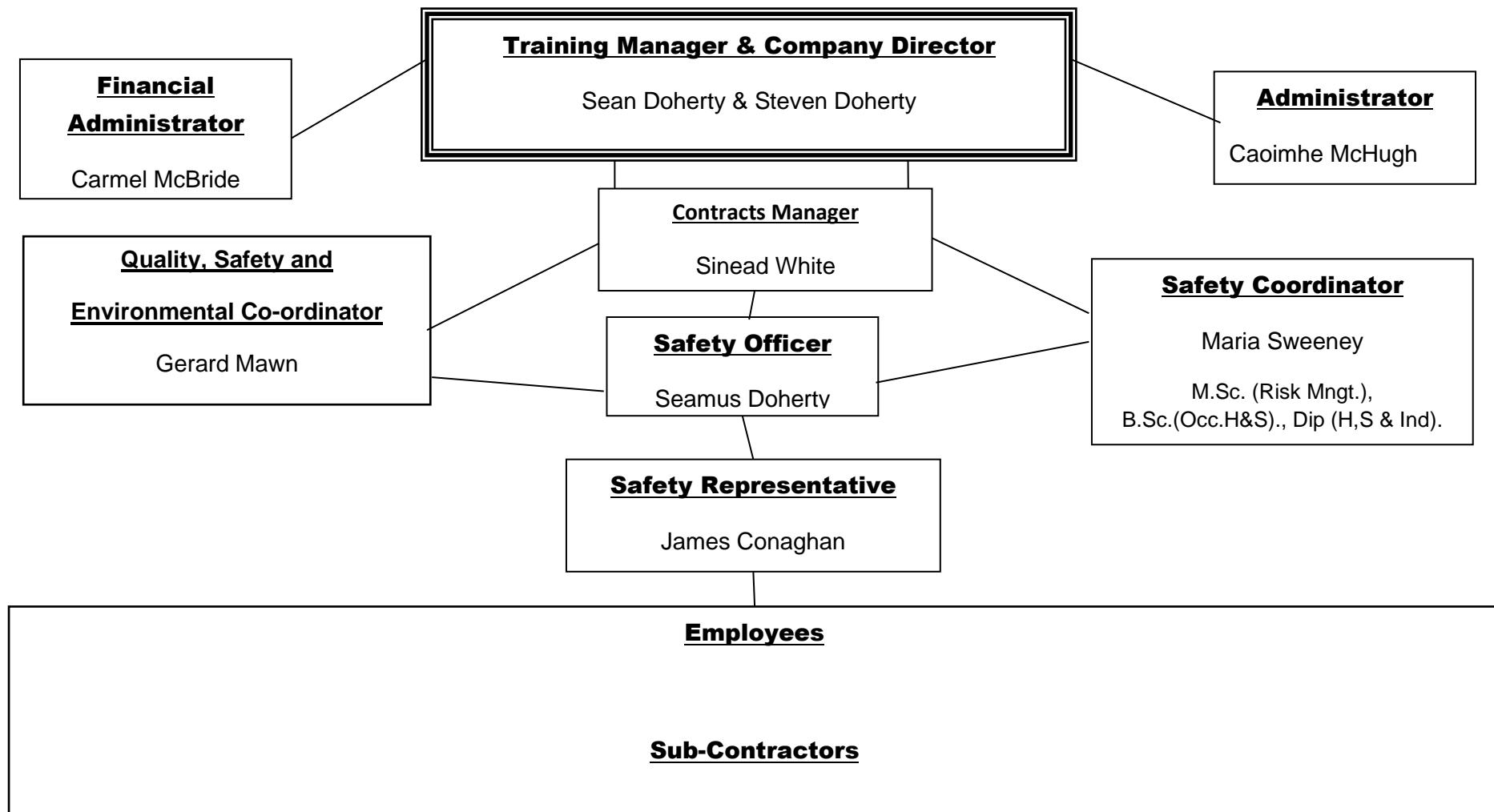
All education and training activities.

#### **Responsibilities**

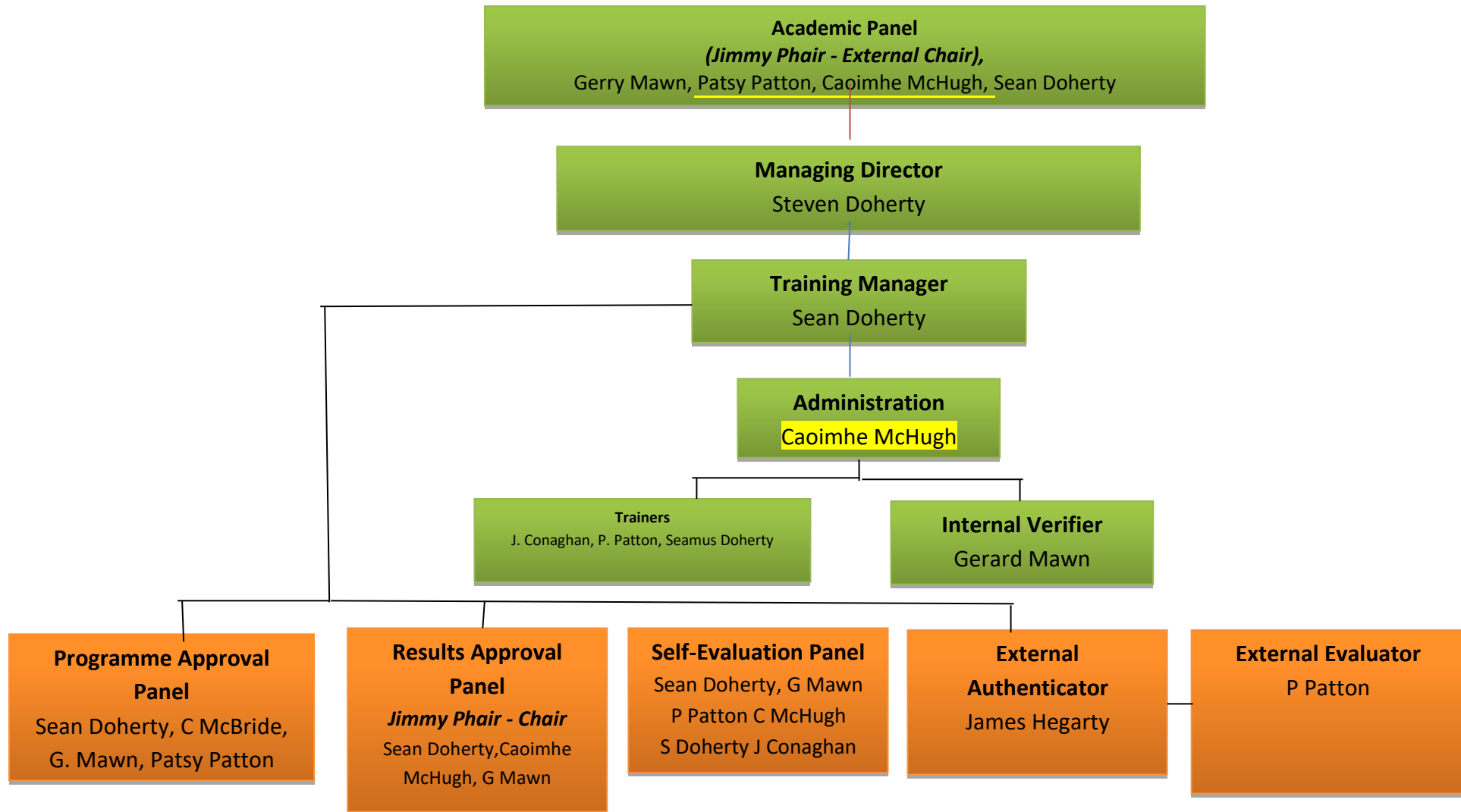
The commercial board is responsible for ensuring that all activities associated with this policy are carried out effectively and efficiently. The Academic Panel is to ensure all academic decisions are made independently with no influence from the commercial board. Responsibility for specific areas will be delegated as appropriate and when required. Responsibility for the day to day activities associated with this policy will be delegated to the T M. All employees and associated stakeholders are expected to facilitate this.

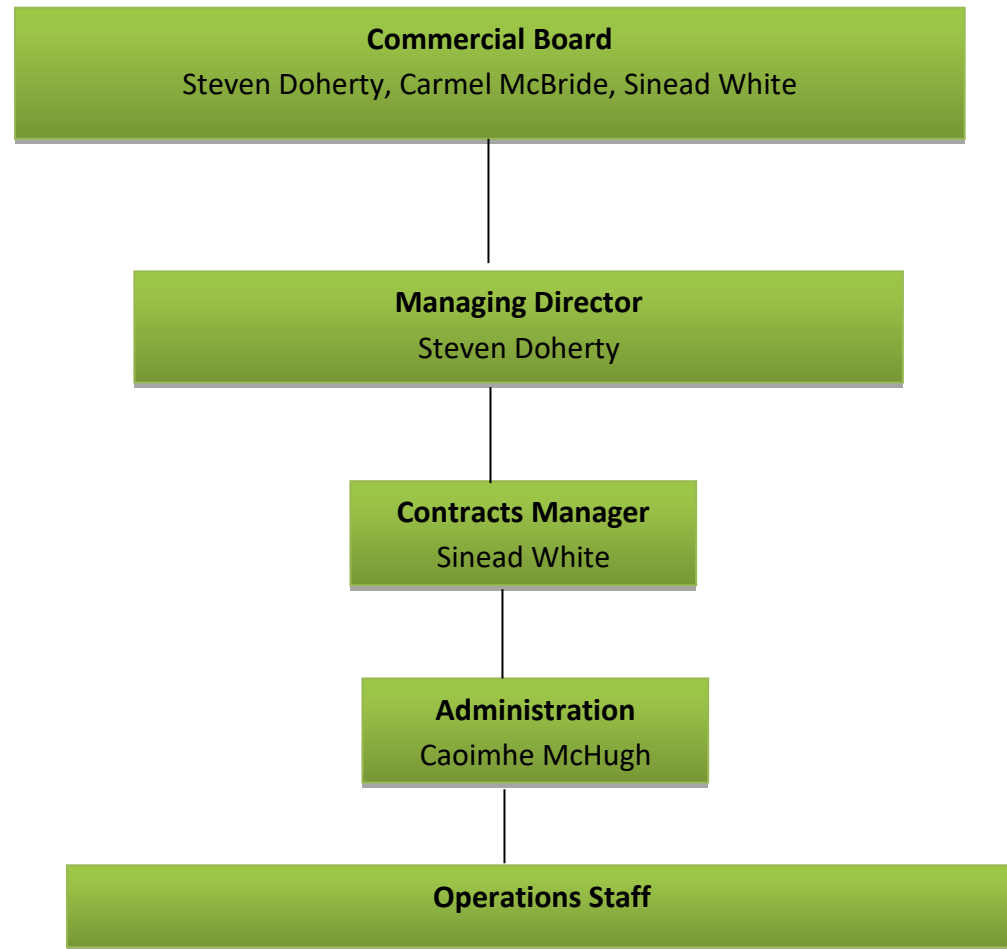
### **1.1.1 Group/Panel Selection**

<b>Version:</b>		<b>Date Approved:</b>	
<b>Author:</b>		<b>Approved By:</b>	
<b>Ratified By:</b>		<b>Next Review:</b>	
<b>Purpose</b>	To ensure that appropriate and relevant structures are in place to support and provide independent oversight of education and training activities.		
<b>Responsibility</b>	Board, TM		
<b>Key Steps</b>	<ol style="list-style-type: none"><li>1. Draw up selection criterion.</li><li>2. Develop terms of reference.</li><li>3. Identify individuals with appropriate qualifications and experience, either internal or external.</li><li>4. Contact individuals to ascertain their availability for inclusion on the relevant panel.</li><li>5. Circulate terms of reference.</li><li>6. Finalise panel membership.</li></ol>		
<b>Records</b>	Selection Criteria, Terms of Reference, CVs, Correspondence, Records of Meetings.		



### 1.1.3 Education and Training Governance





#### 1.1.4 Terms of Reference

Body	Function	Membership	Meetings
<b>Commercial Board</b>	<ul style="list-style-type: none"> <li>• The Board of Directors has formally delegated authority to the Management Board as the unit of corporate governance.</li> <li>• Provide direction and strategic planning.</li> <li>• Establish a policy based governance system.</li> <li>• Oversight of quality assurance policies and procedures and legal obligations.</li> <li>• Financial oversight and budget allocation.</li> <li>• Approve programme design from Academic Panel and submit to Programme Approval Panel.</li> </ul>	<ul style="list-style-type: none"> <li>• See 1.13</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly</li> </ul>
<b>Academic Panel</b>	<ul style="list-style-type: none"> <li>• The independence of the academic committee, as the pre-eminent academic unit of governance is set out through a formal delegation of authority from the Board of Directors.</li> <li>• The Chair of the academic unit of governance is an appropriately qualified individual with experience in education and training who does not play any other role within the organisation.</li> <li>• Ensure all academic decisions are made independently with no influence from the commercial board.</li> <li>• Ensure the proposed programme meets national and international best practice in programme design and delivery</li> <li>• Ensures that the teaching and learning methods are appropriate to the programme content and learning outcomes.</li> <li>• Ensure the proposed programme meets all learning outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• See 1.13</li> <li>• External Chair</li> <li>• Student Voice</li> <li>• External expert – If required.</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly</li> </ul>



<b>Programme Approval Panel</b>	<ul style="list-style-type: none"> <li>• Ensure the proposed programme meets all learning outcomes.</li> <li>• Makes recommendations for new programmes.</li> <li>• Makes recommendations for changes to existing programmes.</li> <li>• Ensures the proposed programme meets the needs of learners.</li> <li>• Determines if the programme is sustainable over a period of time.</li> <li>• Considers if the proposed programme meets national and international best practice in programme design and delivery.</li> <li>• Ensures that the teaching and learning methods are appropriate to the programme content and learning outcomes.</li> <li>• Ensures the assessments are appropriate to the learning outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• See 1.13</li> <li>• Trainer(s) – Not involved in development</li> <li>• External expert – If required.</li> </ul>	<ul style="list-style-type: none"> <li>• Ad-hoc as required</li> </ul>
<b>Results Approval Panel.</b>	<ul style="list-style-type: none"> <li>• An independent chair is involved in the decision making process around appeals</li> <li>• To ensure results are in line with the marking scheme.</li> <li>• Review and approve assessment results.</li> <li>• Review internal verification and external authentication reports.</li> <li>• Identify any issues in relation to the results and make recommendations for corrective action.</li> <li>• Sign off on approved results.</li> <li>• Agree to the submission of results and request for certification from awarding body.</li> </ul>	<ul style="list-style-type: none"> <li>• TM</li> <li>• Internal Verifier</li> <li>• External Authenticator</li> <li>• External Chair</li> <li>• Trainer / Assessor – If required</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly</li> </ul>
<b>Self-Evaluation Panel</b>	<ul style="list-style-type: none"> <li>• Ensure a commitment to continuous quality improvement.</li> <li>• Ensure that feedback from all stakeholders has been taken into consideration.</li> <li>• Review, examine, evaluate, comment and report on the quality of programmes and associated services.</li> <li>• Provide a formal opportunity to identify and make recommendations for</li> </ul>	<ul style="list-style-type: none"> <li>• Managing Director</li> <li>• Financial Administrator</li> <li>• TM</li> <li>• External Evaluator</li> <li>• Trainer(s)</li> <li>• Administration</li> </ul>	<ul style="list-style-type: none"> <li>• Annually</li> </ul>

	<p>improvements to the QAS.</p> <ul style="list-style-type: none"> <li>• Check that all elements QAS are still relevant and up to date.</li> <li>• Ensure compliance with the QAS.</li> <li>• Review internal and external audit reports.</li> <li>• Approve all reports and quality improvement plans for submission to relevant stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Internal Verifier</li> </ul>	
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## 1.1.5 Risk Management

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS recognises that the nature of our activities and the environment in which we operate expose us to risks which have the potential to impact or harm our staff, stakeholders, reputation, finances, operation and success of our organisation. It is our policy to adopt best practice in the identification, analysis, evaluation, control, monitoring and review of risks to ensure that they are avoided, reduced, shared or accepted. To ensure this, we will:</p> <ol style="list-style-type: none"> <li>1. Embed full and effective consideration of risk within the planning and management of new and existing activities across the organisation.</li> <li>2. Engage with our stakeholders and use our knowledge and understanding to identify our risks.</li> <li>3. Determine the level of risk for our organisation by considering the likelihood and impact of identified risks – risks will be ranked in order of importance.</li> <li>4. Ensure that acceptable net risk thresholds are clearly defined and managed.</li> <li>5. Effectively manage risk to ensure that our aims and objectives are achieved.</li> <li>6. Create and maintain a risk register and management plan.</li> <li>7. Monitor and review the risk register on a regular basis.</li> <li>8. Put a contingency plan in place in case of severe business disruption.</li> </ol>			
<p><b>Purpose</b></p> <p>To provide a risk management framework to ensure levels of risk and uncertainty are identified and managed in a systematic, structured way, so any potential threat to the delivery of our service is appropriately managed and completed successfully.</p>			
<p><b>Scope</b></p> <p>All operational activities and staff and associated stakeholders involved in the delivery of strategic aims and operational activities.</p>			
<p><b>Responsibilities</b></p> <p><b>Board</b></p> <ul style="list-style-type: none"> <li>• Determining the level of risk that the organisation is willing to accept.</li> <li>• Ensuring that the organisation has effective risk management in place.</li> <li>• Delegating authorities and responsibilities.</li> <li>• Approving the completed Risk Management Policy</li> <li>• Approving the Risk Register and Management Plan.</li> <li>• Agreeing the risk appetite having regard for the environment in which the organisation operates.</li> <li>• Reviewing the ongoing effectiveness of the risk management process in achieving the organisation's objectives.</li> <li>• Reviewing the organisation's risk profile against its agreed strategy ensuring that they are aligned and within the agreed risk appetite.</li> </ul>			

**Risk Assessment Sub Group**

- Providing direction on the development of the criteria to use in analysing and ranking the impact of identified risk areas.
- Identifying, analysing and evaluating risk associated with strategies and activities.
- Advise the board of the level of risk acceptable to the organisation.
- Monitor and review the risk register and management plan.
- Reviewing the structure and processes in place within each area to identify and assess the risks.

**Managing Director**

- Ensuring the development of the risk management policy and procedures and the risk register and management plan.
- Ensuring the development of a reporting mechanism for all critical and emerging risks
- Developing operational policies for dealing with and reporting identified risk situations and status changes.
- Developing a culture of risk awareness.
- Ensuring that the risk management policy and procedures are understood and effectively communicated.
- Ensuring staff are consulted in respect of risk management issues.
- Ensuring that risk management procedures are effectively applied.

**Staff**

- Being aware of those aspects of the risk management system that are immediately relevant to their jobs.
- Complying with all policies and procedures and communicating any breaches promptly and accurately to management.
- Reporting any real or perceived risks to the health, safety and working environment of themselves, their colleagues or associated stakeholders.
- Reporting any real or perceived risks that may significantly affect the performance or reputation of the organisation or that may leave it exposed to legal or regulatory action.
- Looking for opportunities to improve operational efficiencies, optimise outcomes and minimise risk.
- Undertaking their part in, the actions and requirements of risk action and mitigation plans.

### 1.1.5.1 Analyse the Context

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To consider the environment in which the organisation operates and to establish the context in which risk management will take place.		
<b>Responsibility</b>	Board, All staff, Risk Assessment Sub Group		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. The manager consults with all internal stakeholders and convenes a risk assessment sub group.</li> <li>2. The sub group convenes and will consider the following: <ol style="list-style-type: none"> <li>a. The organisations purpose and objectives and what it takes to achieve them.</li> <li>b. The structure and key activities the affect the way the organisation operates.</li> <li>c. Who the internal and external stakeholders are and the potential impact any change in their contribution might have.</li> <li>d. The risk factors associated with stakeholders and activities. Questions to help identify risk factors: <ul style="list-style-type: none"> <li>- What relationships do we have that are necessary for the organisation to operate successfully?</li> <li>- What relationship does the organisation have with those stakeholders?</li> <li>- What do they contribute and how important are they?</li> <li>- How do those stakeholders' effect or influence your organisation's achievement of its purpose and objectives?</li> <li>- What changes or trends may affect the stakeholders or the operation?</li> <li>- What perceptions do our external stakeholders have about our organisation and activities?</li> <li>- What are your contractual relationships and obligations with our stakeholders?</li> <li>- What legislation, regulations, rules or standards apply to the organisation?</li> </ul> </li> <li>e. The risk categories associated with the organisations strategic and operational activities. Common risk categories include: Governance, Human Resources, Reputation, Finance, Legal, Technology, Health and Safety, Compliance</li> </ol> </li> <li>3. The sub group completes the risk register.</li> </ol>		
<b>Records</b>	Record of Meetings, Risk Register		

### 1.1.5.2 Identifying the Risks

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To identify and rate organisational risks.		
Responsibility	Risk Assessment Sub Group		
Key Steps	<ol style="list-style-type: none"> <li>Participants consider the risks one at a time. For each risk factor, group members should consider the following questions: <ul style="list-style-type: none"> <li>- What could go wrong in relation to this risk factor?</li> <li>- Has it happened before, and what did we learn?</li> <li>- What is already in place to mitigate against this risk?</li> <li>- What could change in relation to each risk factor?</li> <li>- What could harm people?</li> <li>- What legal obligations could we be at risk of breaching?</li> <li>- What might a natural event or disaster mean?</li> <li>- What might affect our assets or systems?</li> </ul> </li> <li>Make decisions about which factors are potential risks.</li> <li>Write each risk on to the risk register and management plan under the identified category.</li> <li>For each risk identified record the possible consequences for the organisation if it were to happen on to the risk register and management plan.</li> </ol>		
Records	Record of Meetings, Risk Register and Management Plan		

### 1.1.5.3 Analyse and Evaluate the Risks

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To establish the probable Impact of the risk on organisational objectives.		
Responsibility	Risk Assessment Sub Group		
Key Steps	<p>Analyse the risks in terms of likelihood and impact using the following steps:</p> <p><b>1. Score the Likelihood</b> Consider the likelihood that each risk may occur. Record the level under the column heading – (Likelihood “L”) on the risk register and management plan.</p> <p><b>Likelihood Criteria</b></p> <p>a) The following applies when considering the likelihood of the event taking place:</p> <ul style="list-style-type: none"> <li>- Remote – The event may only occur in exceptional circumstances.</li> <li>- Unlikely – The event will probably not occur.</li> <li>- Possible – The event might or could occur at some time.</li> <li>- Likely – The event will probably occur in most circumstances.</li> <li>- Highly Likely – the event is expected to occur in most circumstances.</li> </ul> <p><b>2. Score the Possible Impact</b> Consider the possible impact that each risk may have. Record the level under the column heading – (Impact “I”) the risk register and management plan.</p> <p><b>Impact Criteria</b></p> <p>b) The following applies when considering the impact of the event taking place:</p> <ul style="list-style-type: none"> <li>- Insignificant – Low level impact with negligible consequences on the objectives that can be controlled by routine management procedures.</li> <li>- Minor – The consequences would threaten the efficiency or effectiveness of achieving some aspects of the objectives, requiring management effort to minimise impact.</li> <li>- Moderate – A significant/medium potential of affecting the achievement of the objectives with moderate financial loss or medium-term Loss of some essential infrastructure/data).</li> <li>- Major – A very high potential to impair the achievement of GGA’s aim or activity objectives (major financial Loss or political Impact, significant occupational, health, safety and welfare incident/s, long term Loss of some critical infrastructure/ data).</li> <li>- Extreme – An extreme potential to threaten the sustainability of activities, huge financial loss or political Impact, very serious occupational health, safety and welfare incident/s, permanent loss of critical infrastructure/data).</li> </ul>		

	<p><b>3. Calculate the Risk Level</b></p> <ol style="list-style-type: none"> <li>1. Use the risk matrix to determine the overall risk level for each risk. For example, a risk with a likelihood score of 3 and an impact score of 2 achieves a risk level of acceptable.</li> <li>2. Record the scores and the overall gross risk level on the risk register and management plan.</li> <li>3. Discuss the actions to be taken to mitigate against each risk and record on the risk register and management plan.</li> <li>4. Record the scores and the overall net risk level on the risk register and management plan.</li> <li>5. When you have rated all your risks, prioritise the highest rated risks and sort them in order of importance to your organisation.</li> <li>6. Present to the Board for review.</li> </ol>
<b>Records</b>	Record of Meetings, Risk Register and Management Plan

#### 1.1.5.4 Manage/Control the Risks

<b>Document No.</b>		<b>Version:</b>	
<b>Date Approved</b>		<b>Approved By</b>	
<b>Next Review</b>		<b>Responsibility</b>	
<b>Purpose</b>	To identify the appropriate response to managing/controlling the risk.		
<b>Responsibility</b>	Risk Assessment Sub Group		
<b>Key Steps</b>	<p>Consider one of the following four options to manage a risk:</p> <ol style="list-style-type: none"> <li>1) Avoid the risk</li> <li>2) Reduce the risk</li> <li>3) Share the risk</li> <li>4) Accept the risk.</li> </ol> <p><b>1. Avoid the Risk</b></p> <p>Avoiding a risk is considered when the consequence of a risk is too much to accept and it cannot easily be reduced or shared. Avoiding might involve:</p> <ul style="list-style-type: none"> <li>- Not undertaking the activity that would create the risk.</li> <li>- Engaging in an alternative activity.</li> <li>- Removing the source of the risk.</li> </ul> <p>Note: If a decision is to avoid the risk, consider what the potential consequences of that decision are for the organisation.</p>		



## **2. Reduce the Risk**

Exposure to risk may be limited by reducing or controlling the likelihood of an event occurring. The following may reduce or control the likelihood of an event occurring:

- Policies and Procedures
- Internal and External Audits
- Contractual Conditions
- Project Management
- Preventive Maintenance
- Continuous Quality Improvement Activities
- Adherence to Quality Standards
- Technological development
- Structured Training
- Support and Supervision

Preparations to reduce, control or mitigate the impact of an event can aid in making a particular risk more acceptable. The following may reduce or control the impact of an event occurring:

- Contingency Planning
- Contractual Conditions
- Financial Control Planning
- Minimisation of Exposure to Sources of Risk
- Separation or Relocation of an Activity and Resources
- Reserving Resources
- Public Relations.

Note: These lists are not exhaustive or exclusive – there may be other options.

## **3. Share the Risk**

The following should be considered for sharing risk:

- Using a third party to complete a specialist or difficult activity. (Any third party needs to be competent and suitably qualified).
- Using Insurance (Check that the insurer and insurance policies are suitable and will cover specific risks).
- Limiting liability by using waivers and disclaimers.
- Partnerships or Joint Ventures.

Note: Legal or regulatory risks cannot be shared. Waivers and disclaimers cannot be used to avoid statutory obligations. Seek legal advice when developing and intending to rely on waivers or disclaimers.

	<p><b>4. Accept the Risk</b></p> <p>The acceptable net risk (i.e. the risk level after mitigation measures have been put in place) threshold for risks is described as follows:</p> <ol style="list-style-type: none"> <li>1) We will not undertake any activities that would have an extreme impact on the organisation unless the likelihood of occurrence is considered to be at worst unlikely after mitigation measures have been taken.</li> <li>2) We will not undertake any activities that would have a major impact and are highly likely to occur after mitigation measures have been taken.</li> <li>3) Activities considered marginal (highlighted in amber on the matrix) can only be undertaken after detailed scrutiny and with the approval of the Board. Marginal activities include: <ul style="list-style-type: none"> <li>- Extreme risks where the likelihood of occurrence is considered unlikely.</li> <li>- Major risks where the likelihood of occurrence is considered possible or likely.</li> <li>- Moderate risks where the occurrence is considered highly likely.</li> </ul> </li> <li>4) Activities highlighted in yellow, green or blue on the risk matrix are considered acceptable.</li> </ol> <ol style="list-style-type: none"> <li>2. Questions to assess risk management options: <ul style="list-style-type: none"> <li>- How adequate are our current ways of managing this risk?</li> <li>- Is more than one option necessary to reduce the risk to an acceptable level?</li> <li>- Does the option reduce the risk but also reduce our opportunities?</li> <li>- How do the costs of an option weigh up against its benefits?</li> <li>- Does the option fit with the expectations of stakeholders?</li> <li>- Has the risk been reduced to an acceptable level?</li> </ul> </li> <li>3. Assign responsibility for carrying out mitigating actions and set timelines for completion. (Document these on the Risk Register and Management Plan)</li> <li>4. Complete the Risk Register and Management Plan and submit to the board for approval).</li> </ol>
Records	Record of Meetings, Risk Register and Management Plan

### 1.1.5.5 Risk Matrix

Risk Matrix – Acceptable “Net Risk” after mitigating action has been taken.						
	Likelihood	Remote	Unlikely	Possible	Likely	Highly Likely
Impact	Score	1	2	3	4	5
Extreme	5					
Major	4					
Moderate	3					
Minor	2					
Insignificant	1					
Legend						
	Acceptable					
	<b>Marginal</b> - Activities considered marginal can only be undertaken after detailed scrutiny and with the approval of the Board. Marginal activities include: <ul style="list-style-type: none"> <li>- Extreme, considered unlikely.</li> <li>- Major, considered possible or likely.</li> <li>- Moderate, highly likely.</li> </ul>					
	Unacceptable					

### **1.1.6 Monitoring and Review**

The risk management policy and risk register and management plan will be systematically reviewed to ensure they are adequate, suitable and effective. The Board will review this policy every three years or sooner if required. In addition, they will review and sign off on the risk register and management plan and monitor the implementation of actions identified in it at regularly scheduled meetings. The risk assessment sub group will meet annually, or sooner if required, to review the risk register and management plan and procedures. They will provide a report to the Board at the next scheduled meeting. Should an unexpected incident or event associated with identified risks occur the risk assessment sub group will meet to discuss and update the risk register and management plan as required. The TM will have responsibility for monitoring activities on a day to day basis. Regularly scheduled staff meetings will provide an opportunity for staff to highlight an issue. The TM will report to the Board committee at regularly scheduled meetings.

## 1.2 Management of Quality Assurance

### 1.2.1 Management Responsibility

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To describe how management will exercise its responsibility to ensure effective resourcing and implementation of the QAS.		
Responsibility	Board, TM		
Key Steps	<ol style="list-style-type: none"><li>1. Development of robust, comprehensive QAS which reflects the day to day activities of the organisation.</li><li>2. Establish performance measures to measure the effectiveness of policies and procedures.</li><li>3. Ensure ongoing monitoring of performance measures.</li><li>4. Schedule and carry out regular management and staff meetings.</li><li>5. Carry out regularly scheduled internal QAS audits.</li><li>6. Establish a self-evaluation panel.</li><li>7. Engage in regularly scheduled external evaluation of the QAS.</li></ol>		
Records	Internal Audit Report, External Audit Report, Record of Meetings, Document Control Matrix, Quality Improvement Plan, Performance Measures		

### 1.2.2 Designated Responsibility

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To describe the role of groups and individuals with responsibility for quality management implementation, review and monitoring.		
<b>Responsibility</b>	Board, TM		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. A member of management, irrespective of other responsibilities, will be appointed to have overall responsibility for the QAS. They will have responsibility and authority that includes: <ol style="list-style-type: none"> <li>a) Ensuring that processes needed for the QAS are established implemented and maintained.</li> <li>b) Scheduling internal and external audits.</li> <li>c) Engaging an external evaluator.</li> <li>d) Reporting to the board on the performance of the QAS and any need for improvement.</li> <li>e) Liaising with external stakeholders on matters relating to the QAS.</li> </ol> </li> <li>2. Sub-groups and staff members will be given the necessary responsibility and authority to carry out duties relevant to the QAS as required. These responsibilities will be reviewed at meetings and updated as needs arise.</li> </ol>		
<b>Records</b>	Role Descriptions, Audit Schedule, Internal Audit Reports, External Audit Reports, Record of Meetings, Records of Correspondence (emails etc.)		

## **1.2.3 Individual Roles and Responsibilities**

### **1.2.3.1 Training Manager**

- To manage programme development, quality assurance, self-evaluation and the ongoing monitoring of programmes and associated services.
- To ensure that data collection, administration, assessment and internal quality assurance procedures are implemented correctly and consistently.
- To manage policy, planning and implementation of training programmes developed by the organisation.
- To develop and co-ordinate appropriate recording systems, documentation, policies and procedures for quality assurance and ensure that staff and associated stakeholders are familiar with these systems.
- To manage accreditation, registration and certification processes, maintaining appropriate records.
- To oversee the collection of data for evaluation, analysis and reporting purposes.
- To produce an annual self-evaluation report for the organisation and act as the liaison for external reviews.
- To ensure that suitably qualified personnel are in place to carry out education and training activities, including administration and tutoring.
- To ensure that personnel are prepared for their role, supported and allowed sufficient time to undertake their roles effectively.
- To ensure that personnel involved in training, assessment and internal quality assurance co-ordination have access to and regularly participate in activities designed to promote continuous quality improvement.
- To ensure that general correspondence from awarding bodies is disseminated to all relevant staff.

### **1.2.3.2 Training Administrator**

- Responsible for carrying out general administrative tasks, including data entry, filing, maintaining and collating information.
- Liaising with learners, trainers and associated stakeholders on a regular basis.
- Prepare training materials.
- Guide learners through the registration process and ensure all required documentation is in place.
- Ensure candidates receive course application form prior to course admission to ensure applicants meet the entry requirements and / or reasonable accommodation can be facilitated.
- Generate reports.
- Revise, maintain and update all filing systems.
- Attend and respond promptly to all initial enquiries.
- Maintain and update service delivery records.
- Maintain and update all information resources.
- Ordering of equipment and training materials.
- Manage face to face, email and telephone enquiries.
- Maintain confidentiality and understand data protection guidelines.
- Follow-up on payment and track invoices.
- Setting up and coordinating meeting and events.
- As directed by the training manager, assist in any other administrative duties that may be required to ensure full administrative service is provided.



### 1.2.3.3 External Evaluator

- Member of the self-evaluation panel.
- Design an evaluation process compatible with the organisation's activities.
- Carry out an annual evaluation of the quality assurance system.
- Conduct on-site observations and consultations with trainers and staff.
- Review data collection, analysis, and recording processes and recommend areas for development.
- Provide technical assistance as needed.
- In the event that cross-moderation process must be undertaken, to address the issue of a potential disagreement between the two assessors then the External Evaluator will make final judgement on marks to be awarded.
- Prepare and submit final evaluation reports in consultation with the TM.
- Attend at least one meeting to outline the evaluation process.
- Communicate regularly with the TM concerning the evaluation process.

### 1.2.3.4 Internal Verifier (IV)

The IV checks assessment procedures and confirms:

- Adherence to assessment procedures across all programmes.
- Learner evidence matches the assessment requirements of the award.
- Appropriate assessment methods are used as indicated in the validated programme.
- Appropriate documentation was issued to learners i.e. assessment briefs.
- Appropriate documentation was used to record learner results.
- Evidence is available for all learners presented, results are recorded and grades are assigned according to programme requirements.
- Percentage marks and grades awarded are consistent with grading bands.
- Provisional results are available.
- Results are recorded/available for all learners being entered on the report

The IV will also:

- Report on any errors/omissions.
- Note any irregularities and take corrective action.
- Liaise with management on any issues arising from the IV process.
- Complete an IV report.

### **1.2.3.5 External Authenticator**

Once internal verification is completed, Jimmy Hegarty, External Authenticator to NWFS ensures that there is objective and authoritative confirmation of fair and consistent assessment of learners in accordance with national standards. NWFS has a policy on appointment of authenticators to ensure that anyone appointed to the role has relevant subject matter expertise and can give independent feedback on the standard of learner work and of the assessment process as carried out by the provider. The authenticator will have access to reports arising from the internal verification process. S/he will produce a report and may recommend that grades be changed and / or that assessment procedures require to be amended. The policy is that the external authenticator is fully qualified to QQI guidelines, which is confirmed by NWFS. A substitute External Authenticator is available for rotation purposes.

The external authenticator will:

- Confirm the fair and consistent assessment of learners.
- Review internal verification report(s) and authenticate the findings/outcomes.
- Apply a sampling strategy to moderate assessment results.
- Moderate assessment results in accordance with the standards outlined in the component specification.
- Meet with relevant staff members.
- Participate in the results approval process, if requested.
- Identify any issues/irregularities in relation to the assessment process.
- Recommend results for approval.
- Produce an external authentication report

### **1.2.3.6 Trainers**

- Welcome learners and to reassure them that they are in an adult learning environment where no question is a stupid question and where mutual respect is required.
- Inform learners of the programme outline and how the programme will be delivered.
- Advise learners what they can expect as well as what is expected from them.
- Encourage learners to reflect on their learning from each session and to identify what worked well for them, what they learned etc.
- Maintain a register of attendance.
- Ensure contact details are correct, so that in the event of the cancellation of a session that learners can be contacted.
- Ensure the application/registration forms are completed for all learners.

- Prepare assessment briefs and marking schemes and provide learners with details so that they are aware of what they will be assessed on, how they will be assessed and when this will be carried out.
- Provide learners with sufficient notice of deadlines for return of assignments and/or sufficient notice of assessment deadlines.
- Provide learners with feedback and guidance on their draft assignments (if applicable).
- Mark assessments in accordance with marking schemes.
- Ensure that assessments are adapted where necessary and reasonable so that learners with support needs are accommodated without compromising the assessment.

### **Administration**

- Ensure all assessment material is checked and complete before submitting them to the administrator.
- Complete and return the trainer report form(s) to the administrator highlighting any issues, problems or challenges and make recommendations that will enhance the delivery of quality training.
- Advise the administrator of any accidents or incidents and complete any paperwork allocated for that purpose.
- Advise the administrator of any learner who may be having difficulties so that remedial action can be taken, or relevant supports put in place.
- To advise the administrator of any early leavers so that the administrator can follow up with the learner to ascertain reasons why or to facilitate the learner in returning.
- To acknowledge receipt of documents and relevant information.

### **Additional Responsibilities**

- If examinations are part of a programme, the trainer should refer to and follow the guidelines on how to conduct an examination.
- To adhere to the policies and procedures.
- To maintain records of any additional supports given to a learner and return these records with the learner portfolio.
- To store all learner details and portfolios confidentially and securely until such time as they are ready for submission.
- Hold a valid Occupational First Aid Certificate.

This list is not exhaustive and may be updated or amended by management when the need arises to comply with legislation or further requirements associated with quality assurance guidelines (see NWFS Training Policy).

### **1.2.3.7 Assessors**

Welcome learners and to reassure them that they are in an adult learning environment where no question is a stupid question and where mutual respect is required.

- Inform learners of the assessment outline and how the assessment will be delivered.  
Advise learners what they can expect as well as what is expected from them.
- Conduct themselves in a professional manner at all times.
- Maintain a register of attendance.
- Verify learners' identification and details are correct.
- Ensure the risk assessment / application/registration forms are completed for all learners.
- Prepare assessment briefs and marking schemes and provide learners with details so that they are aware of what they will be assessed on, how they will be assessed and how this will be carried out.
- Hold a valid Occupational First Aid Certificate
- Provide learners with written feedback and guidance on their assessment (if applicable).
- Advise learners on their provisional grade and that it is subject to internal & external verification.
- Advise learners on their right to appeal and the appeal process.
- Mark assessments in accordance with marking schemes.
- Ensure that assessments are adapted where necessary and reasonable so that learners with support needs are accommodated without compromising the assessment.

#### **Administration**

- Ensure all assessment material is checked and complete before submitting them to the administrator.

- Complete and return the report form(s) to the administrator highlighting any issues, problems or challenges and make recommendations that will enhance the delivery of quality training.
- Advise the administrator of any accidents or incidents and complete any paperwork allocated for that purpose.
- Advise the administrator of any learner who may be having difficulties so that remedial action can be taken, or relevant supports put in place.
- To advise the administrator of any early leavers so that the administrator can follow up with the learner to ascertain reasons why or to facilitate the learner in returning.
- To acknowledge receipt of documents and relevant information.

### Additional Responsibilities

- If examinations are part of a programme, the assessor should refer to and follow the guidelines on how to conduct an examination.
- To adhere to the NWFS policies, procedures and awarding body Codes of Practice
- To maintain records of any additional supports given to a learner and return these records with the learner portfolio.
- To store all learner details and assessment records confidentially and securely until such time as they are ready for submission.
- Hold a valid Occupational First Aid Certificate.

This list is not exhaustive and may be updated or amended by management when the need arises to comply with legislation or further requirements associated with quality assurance guidelines (see NWFS Training Policy).

## 1.3 Embedding a Quality Culture

### 1.3.1 Continuous Quality Improvement Policy

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to the continuous improvement of its programmes and services. We recognise our responsibilities to provide a quality service to meet the needs of all our stakeholders. In order to achieve this, We will:</p> <ol style="list-style-type: none"> <li>1. Comply with all legal and statutory requirements and awarding body guidelines.</li> </ol>			

<ol style="list-style-type: none"> <li>2. Establish and follow a robust and comprehensive QAS.</li> <li>3. Systematically monitor and review the QAS to ensure its relevance and effectiveness and identify areas for improvement.</li> <li>4. Set quality objectives and targets by which effectiveness and improvements can be measured.</li> <li>5. Facilitate open communication and establish feedback systems to measure performance and identify areas for improvement.</li> <li>6. Communicate the QAS throughout the organisation and to key stakeholders.</li> <li>7. Provide sufficient resources to ensure we can operate as per the QAS policies and procedures.</li> <li>8. Recruit and develop staff so as they have the skills required to provide the highest quality service.</li> <li>9. Acknowledge innovation and success large and small.</li> </ol>
<p><b>Purpose</b></p> <p>To provide a framework for the management and control of our organisational activities.</p>
<p><b>Scope</b></p> <p>All activities associated with education and training. All staff, tutors and stakeholders involved in education and training for or on behalf of the organisation and all work areas.</p>
<p><b>Responsibility</b></p> <p>The board of NWFS have overall responsibility for ensuring the relevance, resourcing, implementation and compliance with the quality policy. Responsibility will be delegated to the relevant sub-group or individual. The relevant sub-groups have responsibility for carrying out their activities in a timely, professional and objective manner. Responsibility for day to day activities associated with the policy will be delegated to the TM who will ensure that staff and associated stakeholders are made aware of their responsibilities associated with all relevant policies and procedures. Regular reporting of all activities will take place at all levels within the organisation.</p>

### 1.3.2 Quality Strategy

No.	Activity
1	Systematically collect, analyse and use feedback from learners.
2	Systematically collect, analyse and use feedback from staff.
3	Systematically collect, analyse and use feedback from other stakeholders.
4	Systematically collect and analyse information on learner participation, success (grade analysis) and progression.
5	Systematically monitor and review staff performance, including: analysis of feedback forms, observation and annual appraisal.

<b>6</b>	Systematically review resources.
<b>7</b>	Internal audit of key processes.
<b>8</b>	Systematic review of policies and procedures.
<b>9</b>	Internal verification and external authentication.
<b>10</b>	External evaluation of the QMS.
<b>11</b>	Audit of learner and staff files.
<b>12</b>	Self-evaluation and quality improvement planning.

## **2. Documented Approach to Quality Assurance**

### **2.1 Documented Policies and Procedures**

NWFS is a learner centred organisation which recognises the importance of quality and Continuous Quality Improvement (CQI). This is achieved through the active participation of all stakeholders in the quality improvement process. We have developed policies and procedures for each area identified by Quality and Qualifications Ireland (QQI) to be quality assured. The management of the organisation have defined, documented and approved a QAS that:

1. Is appropriate to the aims and objectives of the organisation and the needs of learners.
2. Includes a commitment to the continual improvement of its programmes and associated services.
3. Provides a detailed description of all processes associated with education and training activities.
4. Provides a framework for establishing and reviewing quality objectives.
5. Is communicated and understood at all levels in the organisation.
6. Is systematically monitored and reviewed for continued suitability.

#### **2.1.1 Principles.**

- All trainers will be appropriately qualified and have relevant industry experience.
- All our team will be available to provide support to learners.
- We will seek to listen to all stakeholders and act on feedback.
- We are committed to honesty, openness and transparency.
- The QAS is implemented throughout the organisation, is systematically monitored and reviewed on an annual basis and updated when necessary.

### **2.1.2 Purpose of the QAS**

To provide staff, learners and associated stakeholders with a comprehensive, robust framework to guide the day to day activities associated with providing a high-quality learning environment.

### **2.2 A Comprehensive System**

NWFS has documented a comprehensive QAS and is committed to providing our learners with programmes and services of the highest quality that comply with all legal, statutory and awarding body requirements.

### **2.3 Monitoring and Review**

The TM will provide ongoing monitoring of the QAS and associated performance measures. Learner feedback forms and trainer reports will be analysed after each programme. A schedule of audit activity, including programme and administrative reviews are devised for each calendar year. Scheduled internal audits will provide management with confidence that the system is operating effectively. The internal audits will be reviewed at the next scheduled management meeting or sooner if any serious issues arise. Recommendations for changes to any procedures or associated activities that have come through the feedback process will be reviewed at the management meetings. Any major changes required will be reported to the board for approval. External evaluation of the QAS by an external evaluator will also be scheduled. The self-evaluation panel will carry out periodic reviews of all education and training activities. The board will provide oversight of all activities associated with the QAS ensuring that resources are available for its effective implementation.



### 3. Programmes of Education and Training

#### 3.1 Programme Development and Approval

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to best practice in the design and approval of programmes to meet the needs of our learners, awarding body guidelines and in line with the organisations mission, strategic aims and objectives. This policy will inform the work of those designing and approving programmes so that they are constructed to allow learners to achieve the learning outcomes required for a specified award, enhance their employment opportunities or progress on to further education. To achieve this we will ensure that:</p> <ul style="list-style-type: none"><li>• Learning activities are designed to allow learners to draw on their previous education or life experiences.</li><li>• Programmes are developed and reviewed in consultation with the relevant industry, professions and professional bodies.</li><li>• Programmes comply with awarding body guidelines.</li><li>• Programme design takes stakeholder feedback and data from CQI activities into account.</li><li>• Programmes provide opportunities and pathways to other programmes, at the same level and at higher levels, where possible.</li><li>• Where one programme is a pathway to another, both programmes are designed to ensure that learners can make a successful transition between the programmes.</li><li>• Programmes are designed to enable positive employment prospects for learners.</li><li>• We provide learners with a work integrated learning experience, where applicable.</li><li>• Programmes are consistent with industry and/or professional standards.</li><li>• Programmes are designed by the Academic Panel with no undue influence from the Commercial Board.</li><li>• The Academic panel will include an External Chairperson and Student Voice.</li></ul>			
<p><b>Purpose</b> A guide to the development and approval of new programmes or substantial changes to existing programmes.</p>			
<p><b>Scope</b> This policy applies to all programmes developed by NWFS.</p>			
<p><b>Responsibility</b> The board is responsible for approving any proposal for new programme development. The TM is responsible for ensuring all activities associated with programme development and approval are carried out.</p>			

### 3.1.1 Needs Assessment

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure evidence from research is available for the board to make a well informed decision on whether to approve the proposed programme for development.		
<b>Responsibility</b>	TM, Trainers		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Enquiries and referrals from local agencies, local and national advertising, word of mouth, community, businesses, prospective learners etc.</li> <li>2. Networking with industry and national agencies.</li> <li>3. Appropriate market research undertaken; legislation, regulatory requirements, sectorial needs, etc.</li> <li>4. Monitor feedback from learners, staff and other stakeholders participating on current programmes will generate ideas for new programmes.</li> <li>5. Management/staff meetings to determine the need for each programme and engage with outside expertise, as appropriate.</li> <li>6. Needs analysis completed, based on established criteria being met for new programme development i.e. labour market demands, learner needs, capacity to deliver etc.</li> </ol>		
<b>Records</b>	Record of Meetings, Evaluation Forms, Needs Analysis Document		

### 3.1.2 Programme Design

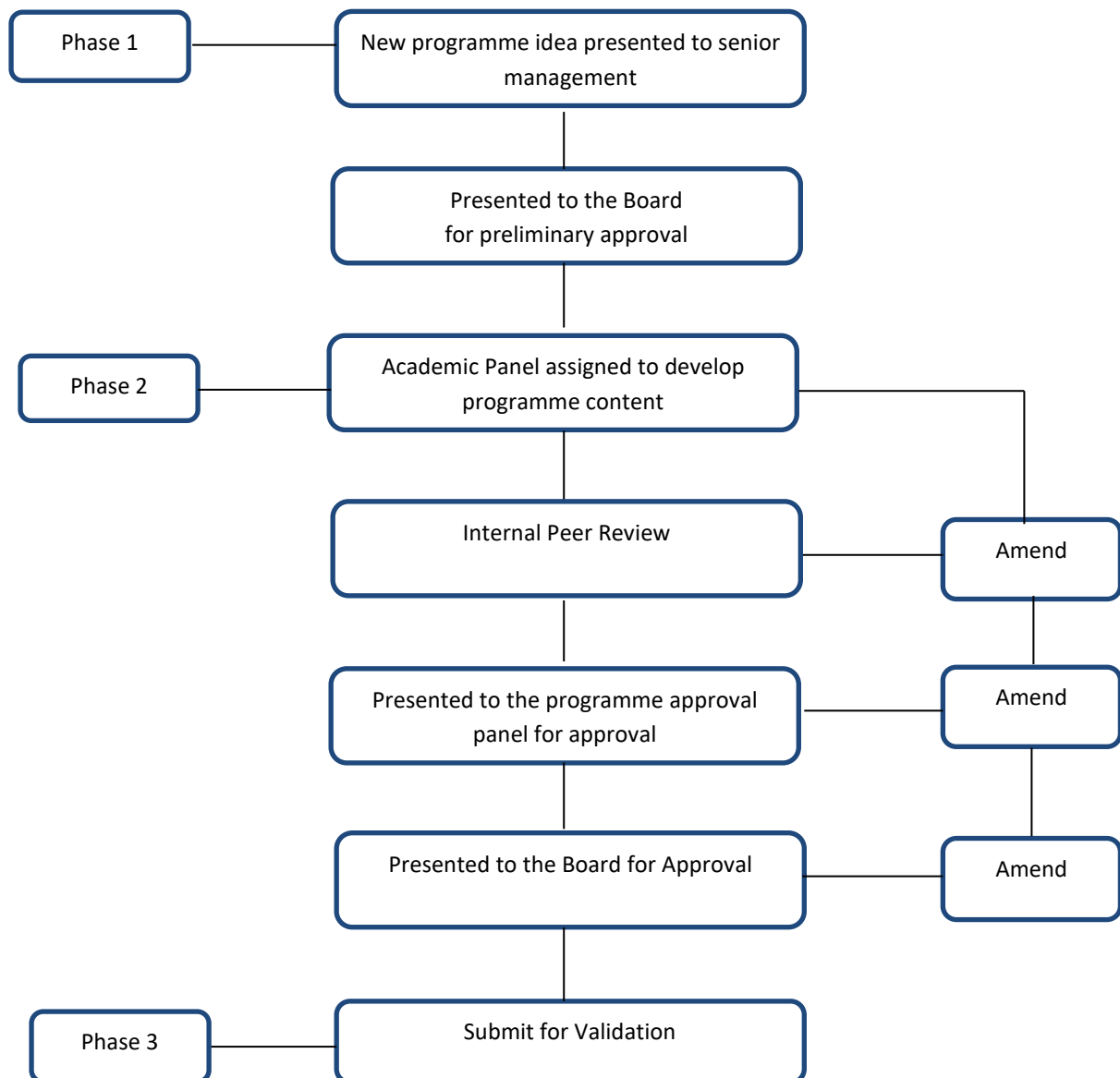
Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that programme structure, delivery and assessment methodologies are designed to meet the needs of learners and associated stakeholders.		
<b>Responsibility</b>	Academic Panel, Design Team, TM, Trainers		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Responsibility for programme design is assigned to an appropriate individual or group by the TM.</li> <li>2. The Academic Panel meet and engage with outside expertise, stakeholders, clients, etc. if required.</li> <li>3. Refer to the guidelines on preparing component specifications and supporting documents and follow recommendations when designing programmes.</li> <li>4. Programmes are designed based on the learning outcomes specified by the awarding body to facilitate the learner in achieving the specific award.</li> <li>5. Give a clear statement of learner profile, capacity for each programme.</li> </ol>		

	6. Prior learning requirements detailed. 7. Each programme will have a lesson plan for trainers to ensure consistency in delivery. 8. Translate the programme into an action plan – setting out timetables and schedules for delivery and assessment.
<b>Records</b>	Record of Meetings, Programme Outline, Programme Action Plan, Programme Timetable, Lesson Plans.

### 3.1.3 Programme Approval

<b>Document No.</b>		<b>Version:</b>	
<b>Date Approved</b>		<b>Approved By</b>	
<b>Next Review</b>		<b>Responsibility</b>	
<b>Purpose</b>	To ensure that all programmes are checked and approved by management prior to being submitted to the awarding body for validation.		
<b>Responsibility</b>	Programme Approval Panel, MD, TM		
<b>Key Steps</b>	1. Academic Panel complete all programme material. 2. Present material to the programme approval panel for consideration. 3. Make amendments, if required. 4. Seek approval from the CEO to submit to the awarding body for validation. 5. Make amendments, if required. 6. Submit to the awarding body for validation.		
<b>Records</b>	Programme Material, Record of Meetings, Records of Correspondence.		

### 3.1.3.1 Programme Approval Flow Chart



### 3.1.4 Programme Planning

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	This procedure describes the scheduling of programmes and how resources for the delivery of a programme are coordinated.		
<b>Responsibility</b>	TM, Trainer(s), Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. The TM develops a calendar of programmes.</li> <li>2. Schedule of programmes advertised on the website and promotional material.</li> <li>3. The training administrator will book and confirm all trainers, venues and take bookings from prospective learners.</li> <li>4. Programme resources, supporting materials, equipment, learner induction pack/presentation, feedback forms, etc. all prepared and checked by the training administrator.</li> <li>5. The trainer is responsible for double checking that all the required resources are in place before the programme starts.</li> <li>6. All venues must meet the organisations selection criteria and be approved prior to selection.</li> </ol>		
<b>Records</b>	Calendar of Events, Resource Checklist, Premises Selection Criteria, Premises Selection Checklist, Programme Material, Feedback Forms.		

### 3.1.5 Programme Delivery

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that all programmes are delivered in a consistent manner so learners can maximise their learning experience while also allowing for innovation by individual trainers.		
<b>Responsibility</b>	TM, Trainers, Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. At the beginning of each programme the trainer delivers a comprehensive learner induction to include: an introduction to the organisation and the programme.</li> <li>2. Learner workbook is given to learners to include: hand-outs, support material.</li> <li>3. Trainers(s) use a variety of delivery styles; a blend of power point teaching, video, demonstration etc.</li> <li>4. Learners with identified support needs will be accommodated, if applicable.</li> <li>5. The trainer is responsible for ensuring all relevant programme documentation</li> </ol>		

	<p>is distributed to learners and completed e.g. daily sign in sheets, feedback forms etc.</p> <p>6. All relevant documentation is returned to the training administrator.</p> <p>7. The trainer is responsible for ensuring all assessment activities are carried out according to the component specification.</p>
<b>Records</b>	Learner Induction Checklist, Trainer Declaration, Programme Material, Application /Reasonable Accommodation Form, Sign In Sheets, Feedback Forms.

## 3.2 Learner Admission, Progression and Recognition

### 3.2.1. Access, Transfer and Progression Policy

<b>Document No.</b>		<b>Version:</b>	
<b>Date Approved</b>		<b>Approved By</b>	
<b>Next Review</b>		<b>Responsibility</b>	
<p>It is the policy of the NWFS to ensure that learners can avail of fair and transparent access, transfer and progression to programmes, which will include recognition of prior learning, where appropriate. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Providing potential learners with sufficient information to make an informed choice about programme participation.</li> <li>• Developing clear entry criteria for each programme.</li> <li>• Providing learners with accurate, reliable and timely information.</li> <li>• Identifying transfer and progression opportunities, where applicable.</li> <li>• Ensuring learners are aware of the transfer and progression options available to them, if applicable.</li> <li>• Ensuring that selection procedures are transparent, fair and consistent.</li> <li>• Ensuring that learners are made aware of the process involved in selections.</li> <li>• Providing learner supports to facilitate as diverse a selection of learners as possible.</li> </ul>			
<p><b>Purpose</b></p> <p>To ensure fit for purpose learner access and progression opportunities</p>			
<p><b>Scope</b></p> <p>All programmes offered by the NWFS.</p>			
<p><b>Responsibilities</b></p> <p>The Academic Panel are responsible for developing clear entry criteria and associated information for each course. The TM is responsible for ensuring all course information is communicated to the training coordinator who in turn is responsible for providing information and course application form to potential learners prior to course admission.</p>			

### 3.2.1.1 Information for Learners

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that current and prospective learners have enough information to make an informed choice about programme participation.		
<b>Responsibility</b>	TM, Trainer(s), Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Programme brochures and promotional material produced.</li> <li>2. Programme information published and distributed, which outlines entry requirements and arrangements, transfer, progression, learner resources, outline of assessment and learner supports etc.</li> <li>3. Course application form sent to learner prior to course admission outlining entry requirements and reasonable accommodation requests.</li> <li>4. Up to date, relevant and accurate information on the website.</li> <li>5. Calendar of Events (dates, locations, durations, costs)</li> <li>6. Oral communication, electronic communication, one to one meetings with prospective/current learners.</li> <li>7. Attendance at conferences, seminars, recruitment events, educational events and organisation of industry specific events.</li> <li>8. Learner induction.</li> <li>9. Learners will be supplied with a handbook (if applicable), programme outline, programme action plan.</li> </ol>		
<b>Records</b>	Promotional Material, Calendar of Events, Record of Meetings, Learner Induction Checklist, Programme Outline, Programme Action Plan, Learner Handbook, Course Application Form.		

### 3.2.1.2 Recognition of Prior Learning (RPL)

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To provide learners with prior learning experience with the opportunity to gain recognition for that learning.		
<b>Responsibility</b>	TM, Trainers, Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. RPL criteria developed for each course on offer and approved by the TM. <ul style="list-style-type: none"> <li>- Consideration given to formal and experiential learning.</li> </ul> </li> <li>2. RPL can be used to: <ul style="list-style-type: none"> <li>a) Gain admission to a programme.</li> <li>b) Gain admission to a programme with exemptions.</li> <li>c) Gain exemptions from a programme after admission.</li> <li>d) Gain transfer from one programme to another.</li> </ul> </li> <li>3. RPL criteria for each programme made available to prospective learners.</li> <li>4. To accommodate those wishing to avail of RPL the following applies: <ul style="list-style-type: none"> <li>a) All applicants must complete the application form.</li> <li>b) The applicant's documentation is reviewed by the relevant trainer to ensure sufficient information has been provided so that an informed decision can be made. Where insufficient information has been made available the trainer may request additional information to process the request.</li> <li>c) Once the trainer has checked all the information it is forwarded to the TM who will make a decision to grant the request or not.</li> <li>d) The applicant will be informed of the decision and their right to appeal (if necessary) by the training administrator.</li> </ul> </li> </ol>		
<b>Records</b>	Learner Application, Learner Portfolio, Record of Meetings, Records of Correspondence.		



### 3.2.1.2.1 RPL Chart

RPL Procedures	
Applicant expresses interest in RPL through the training administrator or trainer.	
Applicant meets with or is contacted by the training administrator / trainer to discuss and advance the process either through recognition of certified training or experiential learning.	
Certified Training	Experiential Learning
Learning outcome evidence for exemption submitted to the trainer.	Learning portfolio submitted by the learner to the relevant trainer.
Trainer checks that there is sufficient evidence and forwards to the TM for consideration.	Trainer checks that there is sufficient evidence and forwards to the TM for consideration.
Exemption granted or refused.	Exemption granted or refused.

### 3.2.1.3 Transfer and Progression

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To inform learners of the transfer and progression opportunities available to them should they choose to pursue further programmes.		
Responsibility	TM, Trainer(s), Administration		
Key Steps	<ol style="list-style-type: none"> <li>1. Include transfer and progression options in the promotional material.</li> <li>2. Transfer and progression opportunities (if applicable) included in learner induction.</li> <li>3. In preparing programmes for validation investigate transfer and progression options available, maximising opportunities where possible.</li> <li>4. Learner handbook to include next level programme.</li> <li>5. For the programme review invite learners to suggest further training they would like to attend.</li> </ol>		
Records	Promotional Material, Learner Induction Checklist, Learner Handbook, Record of Meetings.		

### 3.3 Programme Monitoring and Review

#### 3.3.1 Programme Review

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure their continued relevance and that recommendations for improvements are gathered.		
<b>Responsibility</b>	MD, TM, Trainer(s), Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Learner feedback forms reviewed and summarised after each programme.</li> <li>2. Trainer reports – end of programme – reviewed and summarised after each programme – reports will include reflection on overall programme effectiveness.</li> <li>3. End of programme review – including content and structure, learner achievements, disciplinary procedures, safety issues, communication with learners. Issues to be raised at NWFS monthly meeting.</li> <li>4. Stakeholder meetings – agencies, employers etc.</li> <li>5. The MD will carry out periodic programme reviews over a 12 month period.</li> <li>6. Annual Review – An annual programme review is carried out by the self-evaluation panel using a combination of methods, as outlined above. The outcome of this review will be communicated at NWFS management meeting, with action points documented.</li> <li>7. Any modifications identified during the review cycle will be classified as minor or major changes. Any minor changes must be approved by the MD and major changes must be approved by the board. The TM will notify the appropriate awarding body of any major changes before offering the modified programme to learners.</li> </ol>		
<b>Records</b>	Learner Feedback Forms, Trainer Reports, Record of Meetings, Quality Improvement Plan, Result's Summary Sheets.		

### 3.4 Monitoring and Review

The training administrator will monitor all information related to gaining access to programmes and their transfer and progression opportunities ensuring it is up to date and relevant. The TM and administrator will review learner and trainer feedback and enquiries from the previous quarter. Enrolment figures will be recorded and monitored by the training administrator on a monthly basis with an analysis carried out by the TM for reporting purposes. Learners will be canvassed for their feedback on how they were managed through the process. The administrator will report all activities at the next scheduled management meeting. The TM is responsible for ensuring the ongoing monitoring and periodic review of access, transfer and progression procedures takes place.

## 4. Staff Recruitment, Management and Development

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to ensuring that sufficient and suitably qualified trainers and administrative staff are in place to delivery programmes and associates services to the highest standards. To achieve this we will:</p> <ol style="list-style-type: none"><li>1. Employ a systematic approach to recruitment and further professional development, ensuring those employed will have sufficient experience and expertise to fulfil their designated roles.</li><li>2. Ensure that when recruited, new staff members will be exposed to supportive management, open communication and proactive personal development structures.</li><li>3. Advertise, interview and appoint staff in accordance with our equal opportunities culture.</li><li>4. Select for employment, promotion, training or any other benefit based on aptitude and ability.</li></ol>			
<p><b>Purpose</b></p> <p>To ensure that NWFS employs suitable qualified, skilled and experienced personnel to maintain high standards of education and training.</p>			
<p><b>Scope</b></p> <p>This policy applies to the recruitment and development of all personnel associated with education and training activities.</p>			
<p><b>Responsibility</b></p> <p>The recruitment of all personnel requires the approval of the Board. The TM is responsible for evaluating the need for the role against planned activities and for providing support and development opportunities.</p>			

## 4.1 Recruitment

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that NWFS recruit suitably qualified and experienced personnel to fulfil designated roles.		
<b>Responsibility</b>	Board, TM, Administration		
<b>Key Steps</b>	<p>Once a recruitment need has been identified and approved the following will apply:</p> <ol style="list-style-type: none"> <li>1. Management meeting to agree the recruitment and selection plan and draw up the job and person specification.</li> <li>2. Advertise the position on recruitment websites, social media, in print media and/or utilise a recruitment agency, if required.</li> <li>3. Applicants are invited to send their applications to administration who will reply to all applicants acknowledging receipt of their application and inform them of the expected timelines for the next phase.</li> <li>4. Once the deadline for applications has passed administration will compile all applications and make them available to the recruitment panel.</li> <li>5. The recruitment panel will screen all applications against the set criteria, i.e. job and person specification. The most suitable candidates are selected for interview, the interview schedule is agreed, and administration is notified. (short listing may apply)</li> <li>6. Administration will notify all applicants – those who were unsuccessful in getting to the next phase and those who have been selected for interview – of the decision of the recruitment panel and their opportunity to receive feedback.</li> <li>7. The recruitment panel carry out all interviews and score each candidate accordingly. If necessary, a second round on interviews may take place.</li> <li>8. Once a candidate is selected the chair of the recruitment panel calls all those who interviewed and informs them of the decision. The successful candidate is verbally offered the position subject to agreement on the terms and conditions of employment.</li> <li>9. Once agreement has been reached the prospective employee is issued with a contract of employment and any other relevant documentation.</li> </ol>		
<b>Records</b>	Record of Meetings, Job Description, Advertisements, Interview notes, Scoring sheets, Interview Questions, Interview Schedule, Correspondence (emails, letters etc.), Personnel files, Employment contract		

## 4.2 Communication

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that information is provided to and collected from personnel, analysed and acted upon and used to inform improvements to training activities.		
<b>Responsibility</b>	MD, TM, Trainers, Administration		
<b>Key Steps</b>	<p>Common communication channels include meetings, email, phone, website, social media, notice boards etc.</p> <ul style="list-style-type: none"> <li>• Induction – Including mission, aims and objectives of NWFS, QAS induction and their responsibilities within the QAS.</li> <li>• Staff/Personnel meetings – formal and informal, <ul style="list-style-type: none"> <li>- Personnel will be provided will information about programme activities, including any updates from awarding bodies.</li> <li>- They will be encouraged to provide feedback on any issues arising from programme activities.</li> </ul> </li> <li>• Programme review meetings, including: <ul style="list-style-type: none"> <li>- Review of learner feedback forms.</li> <li>- Review of trainer reports.</li> <li>- Review of any other stakeholder feedback.</li> </ul> </li> <li>• Annual workshop <ul style="list-style-type: none"> <li>- To discuss the organisations training mission and objectives and how it relates to their training activities.</li> <li>- Issues regarding the QAS and awarding body updates.</li> </ul> </li> </ul>		
<b>Records</b>	Induction Checklist, Emails, Record of Meetings, Learner Feedback Forms, Trainer Programme Reports, Stakeholder Feedback.		

## 4.3 Development

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To maintain the quality of service provision through systematic personnel development.		
<b>Responsibility</b>	MD, TM		
<b>Key Steps</b>	<p>NWFS operates a systematic approach to staff development underpinned by the systematic monitoring and evaluation of education and training activities. The procedure is intended to be open and interactive between management and staff and encourages regular and meaningful communication. The following applies:</p> <ol style="list-style-type: none"> <li>1. Induction (outlined in 4.1.2.2).</li> <li>2. Regular scheduled formal meetings (outlined in 4.1.2.2).</li> <li>3. Informal discussion and feedback - The TM and staff member will meet informally for discussion and feedback. They will: <ol style="list-style-type: none"> <li>a) Discuss the progress in achieving the annual work and development goals set in the current plan.</li> <li>b) Discuss any support required by the staff member in order to meet the specified targets.</li> <li>c) Where relevant, discuss and note updated goals to reflect any changes to organisational objectives.</li> <li>d) Following the discussion(s), any changes will be noted in the performance plan, including the reason for the agreed changes and formalised during the next review meeting.</li> </ol> </li> <li>4. Co-delivery with experienced trainers. <ol style="list-style-type: none"> <li>a) All new trainers will be required to co-deliver with an experienced trainer on their first two programmes before delivering solo.</li> <li>b) During this delivery the experienced trainer will provide support and supervision and communicate with the TM which will indicate if additional co-delivery is required.</li> <li>c) Experienced trainers will be given the opportunity to co-deliver with another trainer if they have highlighted any areas, they would like support on or to observe new methods of delivery.</li> </ol> </li> <li>5. Observation (Trainers) <ol style="list-style-type: none"> <li>a) The TM shall organise one internal verification / observation of experienced trainers during the year and more if required.</li> <li>b) For new trainers the TM will organise an observation during the first solo delivery of a programme. A further two observations will be carried out during the first 12 months.</li> <li>c) The Internal verifier will provide trainers with constructive feedback verbally after each observation and documents the observations.</li> <li>d) If there are obvious areas for improvement the trainer will be asked to address them with immediate effect and will receive the</li> </ol> </li> </ol>		

	<p>appropriate support.</p> <p>e) Where required and where requested additional training and/or continuous professional development opportunities are made available.</p> <p>f) Observation forms are maintained for monitoring and review purposes.</p> <p>6. Annual Performance Review</p> <p>a) The performance review will take place annually for established staff.</p> <ul style="list-style-type: none"> <li>- For new staff members there will be an additional interim review at the end of their probation period.</li> </ul> <p>b) The review process will be collaboration between the staff member and their manager.</p> <ul style="list-style-type: none"> <li>- Manager reviews end of year performance and achievements.</li> <li>- Staff member completes performance development plan.</li> <li>- Manager reviews and approves performance development plan.</li> </ul> <p>c) The performance development plan will include:</p> <ul style="list-style-type: none"> <li>- Annual work goals.</li> <li>- Identified training needs – Internal or External.</li> </ul> <p>d) A copy of the staff member's performance plan will be retained by management and the staff member for the next performance review meeting.</p>
<b>Records</b>	Induction Checklist, Record of Meetings, Employment Contract, Observation Form, Performance Appraisal Form, Learner Evaluation Forms.

#### **4.4 Code of Conduct**

This code of conduct applies to all personnel carrying out activities on behalf of NWFS. It is the responsibility of all to familiarise themselves with it. This code should be read in conjunction with the NWFS Safety Statement, disciplinary procedures, health and safety procedures and the contract of employment. Personnel are expected at all times to:

- Treat learners, other employees and associated stakeholders with courtesy and respect.
- Comply with reasonable requirements or instructions given by management.
- Ensure any reasonable accommodation for learners has been identified and is in place for training delivery and assessment.
- Familiarise themselves with and adhere to all policies and procedures.
- Carry out their duties with integrity, care and diligence.
- Promote and protect the good reputation of NWFS.
- Preserve the confidentiality of all information attained by them in the course of their work.
- Continue to develop their effective contribution by participating in opportunities for continuing professional development.
- Not act in a way which is discriminatory towards individuals or groups for reasons of gender, disability, age, religion, family status, race, civil status, sexual orientation or membership of the travelling community.
- Take reasonable steps to ensure the health, safety and welfare of themselves, other employees, learners and associated stakeholders.
- Avoid inappropriate physical contact unless in an emergency situation.
- Dress in a way which is appropriate to their position and duties.
- Be absent from work only when authorised or when ill and notify management in a timely manner.
- Be punctual to demonstrate respect for others and to make best use of working time.
- Refrain from using offensive language.
- Not attend work or carry out duties whilst under the influence of alcohol, illegal drugs or other substances which prevent them from doing so competently.

#### **4.5 Monitoring and Review**

The TM will be responsible for the day to day monitoring of staff and trainer performance. All CPD and support activities are documented and maintained in individual staff files by administration. Review of staff records forms part of the continuous monitoring of the quality assurance process. The MD and the TM with the support of other staff members, as required, are responsible for ensuring all trainers and administrative staff are recruited and trained to the highest level. The procedures will be reviewed annually and the policy every three years.



## 5. Teaching and Learning

### 5.1 Teaching and Learning Policy

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to providing a learning environment that enables learners' to reach their maximum potential while achieving the best possible assessment results. This policy outlines our approach to teaching and learning and the means by which we strive to achieve high quality teaching and learning practices. We will achieve this by:</p> <ul style="list-style-type: none"><li>• Ensuring teaching and learning activity is professional, positive, engaging and a rewarding collaboration between learners and trainers.</li><li>• Ensuring learners fully understand the learning objectives of their programme at every stage.</li><li>• Ensure reasonable accommodation needs of learners are identified prior to course admission and resources / supports are implemented during training.</li><li>• Assisting learners to develop the skills, confidence and motivation through engaging in a positive learning experience.</li><li>• Approaching teaching and learning with an open mind, actively seeking new ways to motivate and engage learners and utilising the technologies and other resources available to enhance the learning experience.</li><li>• Providing learners and personnel with the opportunity, resources and support they need to fulfil their potential.</li><li>• Encouraging trainers to be reflective, assess their own performance and development needs, work together to share best practice and support each other's development.</li></ul>			
<b>Purpose</b> To promote an active commitment from all personnel to work towards excellence in teaching and learning.			
<b>Scope</b> This policy applies to all programmes and to all personnel involved in education and training activities.			
<b>Responsibilities</b> The board are responsible for providing the resources to ensure a quality teaching and learning environment for Staff and learners. The MD will monitor and review teaching and learning activities at regularly scheduled meetings. The TM is responsible for the day to day resourcing of education and training activities. Trainers are responsible for creating an environment for learners to maximise their potential.			

## 5.2 A Provider Ethos that Promotes Learning

### 5.2.1 Facilitating Diversity

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure we provide training which is suitable to all learners – including those with additional support needs.		
<b>Responsibility</b>	TM, Trainers, Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Diversity training for all personnel incorporated into induction.</li> <li>2. Email sent to learners prior to commencing their programme requesting information on any additional support needs.</li> <li>3. Application form sent to learners prior to commencing their programme to have section for learners to request additional support /reasonable accommodation.</li> <li>4. Learner interviews will be used to ascertain support needs. These will be managed and or facilitated where possible to allow learners to participate on programmes.</li> <li>5. Programme content/delivery/assessment adapted to facilitate those with support needs.</li> <li>6. Learner induction, One to One meetings, Oral Communication.</li> <li>7. Individual tuition – learners with support needs identified during delivery and ongoing assessment will be afforded as much individual attention and encouragement as possible within the constraints of programme delivery.</li> <li>8. Additional guidance may be provided between sessions and or modules if this is deemed to be necessary.</li> </ol>		
<b>Records</b>	CPD Records, Emails, Application/Registration Form, Record of Meetings, Induction Checklist		

## 5.2.2 Learner Complaints

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To provide a mechanism for learners to take to make a complaint.		
Responsibility	MD, TM, Administration, Trainer(s)		
Key Steps	<p>1. Complaints can be made verbally or in writing.</p> <p>2. Complaints can be made to any member of Staff.</p> <p>The complaints procedure comprises two stages, outlined below:</p> <p><b>Stage 1 – Informal</b></p> <p>A complaint can be made informally to any member of staff, who will discuss the complaint with the learner and attempt to agree a way forward or a solution that suits both parties. Learners should allow the staff member enough time to investigate or remedy the issue. The staff member receiving the complaint will attempt to resolve the complaint immediately where possible. Details should be recorded on the trainer's report.</p> <p><b>Stage 2 – Formal Complaint</b></p> <p>If the complaint cannot be resolved informally to the satisfaction of the learner, or if the learner feels that they cannot make an informal complaint to a member of Staff, the complaint should:</p> <ol style="list-style-type: none"> <li>1) Be submitted in writing within 5 working days of initial contact or the issue arising to the programme administrator, for the attention of the TM, using the learner complaints form.</li> <li>2) The complainant should provide a detailed account of the complaint.</li> <li>3) The programme administrator will contact the complainant within 10 working days to acknowledge receipt of the complaint and outline the course of action to be taken.</li> <li>4) The External Evaluator will undertake an investigation of the complaint. The investigation may take different forms depending on the nature of the complaint. This process is completed within 30 days of receipt of the complaint. (Where the investigation takes greater than 30 days, the complainant will be notified).</li> <li>5) When the investigation is complete the complainant will be notified in writing of the outcome.</li> <li>6) Where the complainant is not satisfied with the outcome they can ask for a final review to be carried out. <ul style="list-style-type: none"> <li>• The request for a review must be submitted in writing to the MD within 10 working days.</li> <li>• The Internal Verifier will be appointed to carry out the review. The decision from the review will be final.</li> </ul> </li> </ol>		
Records	Records of Correspondence, Complaints Form		

### 5.2.3 Learner Appeals

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To outline the steps whereby learners may appeal the assessment process and/or their approved result.		
Responsibility	TM, Administration, Trainer(s)		
Key Steps	<p><b>The appeals process enables learners to:</b></p> <ul style="list-style-type: none"> <li>a) Appeal the assessment process</li> <li>b) Appeal the final assessment result</li> </ul> <ol style="list-style-type: none"> <li>1. Should a learner wish to make an appeal they should notify the programme administrator stating if they are appealing the process or the result.</li> <li>2. Once determined the programme administrator will issue an appeals form to the learner.</li> <li>3. The programme administrator will notify the TM who will instigate the appropriate procedure.</li> </ol> <p>Where an appeal relates to the assessment result the original trainer/assessor will have no part in the review. It will be assigned to the External Evaluator.</p> <p><b>a) Assessment Process</b></p> <ol style="list-style-type: none"> <li>1. Learners will have 14 working days to submit an appeal which should be forwarded to the programme administrator, using the learner appeals form.</li> <li>2. The programme administrator will forward the appeal to the relevant trainer / assessor and External Evaluator.</li> <li>3. If unable to resolve it must be forwarded to the internal verifier for review. They will identify and record the appropriate action within 15 working days.</li> <li>4. If unable to resolve the appeal, it will be forwarded to the external authenticator for review. They will identify and record the appropriate action within 15 working days.</li> <li>5. The learner will be notified of the results of the review and informed of their right to appeal the process to the awarding body under their guidelines.</li> </ol> <p><b>b) Assessment Result</b></p> <ol style="list-style-type: none"> <li>1. Learners will have 14 working days to submit an appeal which should be forwarded to the programme administrator, using the learner appeals form.</li> <li>2. The programme administrator will forward the appeal to an independent trainer who will review the learners' evidence. (No new evidence may be presented). Review will be complete within 15 working days.</li> <li>3. The learner will be informed of the result of the review.</li> <li>4. Where the learner does not agree with the result of the review it will be referred to the TM whose decision will be final.</li> </ol>		
Records	Records of Correspondence, Learner Appeals Form, Record of Meetings.		

### 5.3 National and International Best Practice

To enhance service provision and keep up to date with national and international practice, we will:

1. Actively engage with awarding bodies.
2. Attend sector specific events.
3. Membership of representative bodies and organisations.
4. Participate in online communities of practice.
5. Provide staff members with the opportunities to engage with peers.
6. Engage in knowledge sharing activities.

### 5.4 Learning Environments

#### 5.4.1 Learning Resources

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that resources necessary for successful participation by learners are allocated, up to date and maintained.		
<b>Responsibility</b>	Board, MD, TM, Trainers, Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Assess facilities/resources needed for each programme.</li> <li>2. Ensure that learner feedback is incorporated into needs analysis.</li> <li>3. List of resources for each programme compiled at design stage.</li> <li>4. Budget allocated for necessary resources.</li> <li>5. Staff/learner representative meetings to discuss facility and resource issues.</li> <li>6. Programme material review at regularly scheduled meetings.</li> <li>7. Provision of back up equipment for all trainers.</li> <li>8. Maintenance contact with an external IT provider.</li> </ol>		
<b>Records</b>	Resource Checklist, Supplier Contracts, Budget Request Form, Record of Meetings, Learner Evaluation Forms, Trainer Report		

### 5.4.2 Selection of Premises

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure the premises and facilities are accessible and maintained in such a manner to ensure the health and safety of Staff and learners.		
<b>Responsibility</b>	Board, MD, TM, Trainers		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. For NWFS own premises, periodic inspections carried out annually.</li> <li>2. For NWFS own premises a safety statement and risk assessments are developed and reviewed on an annual basis.</li> <li>3. A health and safety check is carried out on the premises for each programme.</li> <li>4. Premises election criteria will reflect programme requirements and the access needs of potential learners.</li> <li>5. Where premises are out sourced the TM will give requirements of the facilities required to the venue to allow the safe completion of training and assessment.</li> <li>6. All programmes delivered will contain information on facilities, housekeeping and safe access and egress including fire assembly points.</li> <li>7. External premises will be reviewed annually to ensure suitability, including a review of learner feedback.</li> </ol>		
<b>Records</b>	Safety Statement, Premises Selection Checklist, Health and Safety Checklist		

### 5.5 Monitoring and Review

It is the responsibility of the administrator and individual trainers to ensure they have sufficient and appropriate resources to carry out their programmes. Any deficiencies should be brought to the attention of the TM immediately. It is the responsibility of the TM to monitor all material to ensure it is fit for purpose and up to date. The status of all resources, complaints and issues relating to education and training will be discussed and actions identified at regularly scheduled management meetings. In addition to the ongoing monitoring activities outlined the TM will be responsible for reviewing all relevant feedback and reporting to the MD who will report to the Board. An annual review of all teaching and learning activities and resources will take place.

## 6. Assessment of Learners

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>It is the policy of NWFS that all learners should receive fair, transparent and consistent assessment. We are committed to carrying out assessments that are consistent across all assessors and in line with awarding body guidelines. We have developed guidelines and procedures describing in detail the approach to be taken when assessing learners on approved programmes. Learners will be made aware of the methods of assessment and their responsibilities for achieving and demonstrating the required knowledge and skills. The circumstances of each learner will be taken into consideration and our procedure will detail guidelines for approaches and acceptable facilitation for those with additional support needs. We are committed to all aspects of the assessment process and will ensure that it is:</p> <ul style="list-style-type: none"> <li>• Understood by Staff and learners.</li> <li>• Valid for the purpose of awarding body requirements.</li> <li>• Fair to learners, in terms of access and process.</li> <li>• Internally verified to ensure the process is fair and consistent.</li> <li>• Externally authenticated to ensure it is consistent with national standards.</li> <li>• Consistent with awarding body assessment policy and guidelines.</li> </ul> <p>Evidence of assessment will be maintained to allow verification and validation of the assessment process by both internal and external agencies and for review in the case of a learner appeal.</p>			
<p><b>Purpose</b></p> <p>To ensure quality assurance and effective management of the conduct of assessment practices.</p>			
<p><b>Scope</b></p> <p>This policy applies to all assessment activities carried out by NWFS.</p>			
<p><b>Responsibility</b></p> <p>The programme academic panel are responsible for ensuring assessment practices are fit for purpose and in line with awarding body guidelines. The TM has overall responsibility for ensuring the assessment process is sufficiently resourced, including the allocation of an internal verifier and the appointment of an external authenticator. The trainer is responsible for ensuring all assessment activities are carried out as per awarding body requirements and internal guidelines regarding assessments. The internal verifier and external authenticator are responsible for carrying out their tasks as per agreed guidelines. The TM will be responsible for approving and recommending the final approved results for certification.</p>			

## 6.1 Assessment of Learning Achievement

### 6.1.1 Information to Learners

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure learners have access to information necessary for them to successfully participate in assessment and to highlight learners' responsibilities.		
<b>Responsibility</b>	TM, Administration, Trainer(s)		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Pre-Programme information outlines assessment details.</li> <li>2. Provision of assessment information in appropriate media, website, emails, texts, information sessions with learners, provision of component specification on request.</li> <li>3. Learner handbook/information pack distributed to all learners.</li> <li>4. Assessment brief distributed to all learners (may be included in learner handbook).</li> <li>5. Learner induction.</li> <li>6. Group briefing prior to each assessment activity and during the delivery of each programme.</li> </ol>		
<b>Records</b>	Assessment Brief, Learner Handbook, Induction Checklist, Programme Outline, Promotional Material		

### 6.1.2 Coordinated Planning of Assessment

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that assessment is planned in advance of the programme commencing and is coordinated and scheduled to facilitate learners to maximise the value of their assessment activity.		
<b>Responsibility</b>	Academic panel, TM, Trainers, Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Academic panel consider and plan for the integration of assessment where appropriate.</li> <li>2. Staff meetings – to plan and coordinate assessment, in line with requirements.</li> <li>3. Review of learner application to ascertain additional support needs for assessment activities and make necessary adjustments, if possible, without compromising the integrity of the assessment process.</li> <li>4. Dates scheduled to provide an even spread of assessment throughout the programme, if applicable.</li> <li>5. Trainer meeting midway through the programme to review integration of</li> </ol>		



	modules and review programme assessment plan, if applicable.
<b>Records</b>	Record of Meetings, Assessment Schedule and Plan, Application Forms,

### 6.1.3 Security of Assessment Related Processes and Material

<b>Document No.</b>		<b>Version:</b>	
<b>Date Approved</b>		<b>Approved By</b>	
<b>Next Review</b>		<b>Responsibility</b>	
<b>Purpose</b>	To ensure the security and integrity of assessment materials, the assessment process, learner's work and records.		
<b>Responsibility</b>	TM, Administration, Trainer(s)		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>Secure storage area allocated for all materials around assessment (hard copy and electronic). <ul style="list-style-type: none"> <li>Assessments masters are controlled via secure username and password access and stored on computer network or portable computers.</li> <li>Hard copies stored in secure location with designated access.</li> </ul> </li> <li>Relevant trainers supervise exams and retain and verify an exam attendance sheet and ensure exam material is signed in by themselves and a learner.</li> <li>Learner assessment material is sent by registered post or is hand delivered by the trainer to the administrator. Where appropriate, assessment material may be sent electronically.</li> <li>Learners are required to confirm authorship by signing a statement as part of each submission stating that the work submitted has been generated by themselves. <ul style="list-style-type: none"> <li>Validity of authorship – learner interviews regarding the content of their submission may take place if required.</li> </ul> </li> <li>Receipt system in place for all assessment material received by hard copy or electronically.</li> <li>Random observation of assessment activities may be organised by the TM.</li> <li>Results of assessments are maintained electronically and backed up onto removable media for storage and retained as per retention schedule.</li> </ol>		
<b>Records</b>	Daily Sign In Sheets, Attendance Register, Learner Declaration, Examination Material Receipt.		

### 6.1.4 Reasonable Accommodation

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To provide learners with additional support needs with the opportunity to demonstrate their achievement of the standards being assessed.		
<b>Responsibility</b>	TM, Administrator, Trainer(s)		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Planning and design meetings.</li> <li>2. Applicants will receive course application form prior to course admission, to allow learners the opportunity to alert training administrator of any additional support needs or reasonable accommodation required when applying for a programme.</li> <li>3. Training Manager, Training Administrator and Trainer may request supporting evidence from learner to assist in the decision making process before course admission.</li> <li>4. Individual meetings with learners to assess additional support needs and agree appropriate intervention.</li> <li>5. Trainers will be notified in advance by the training manager / administrator the authority to make adjustments to assessment methods to allow for agreed reasonable accommodation during programme delivery and assessment. These can include: enlargement of print, facilitating the use of a scribe or reader, practical assistance, rest periods, provision of adaptive equipment and software if available.</li> <li>6. All staff trained in the provision of adaptations and accommodations during assessment to ensure the integrity of the assessment process.</li> </ol>		
<b>Records</b>	Record of Meetings, CPD Records, Reasonable Accommodation Form,/Application Form.		

### 6.1.5 Consistency of Marking between Assessors

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure learner assessments are marked in a fair and consistent manner across assessors.		
<b>Responsibility</b>	TM, Training Administrator Trainer(s)		
<b>Key Steps</b>	<ul style="list-style-type: none"> <li>• Staff/Trainer Induction – Inclusive of training in assessment methods and marking.</li> <li>• Staff meetings – All aspects of assessment planned including fair and consistent marking.</li> <li>• Assessment guidelines documented in line with programme requirements; including; sample answers, marking schemes guidelines.</li> <li>• Cross-moderation will be organised where appropriate (sample of marginal results at cut-off points).</li> <li>• Cross moderation will be undertaken by the external evaluator in the event of potential disagreement between two assessors. The external evaluators decision will be final.</li> <li>• Random observation of trainers by TM during assessment events leading to mentoring as appropriate.</li> <li>• Comprehensive internal verification and external authentication processes looking at a sample of marginal results.</li> <li>• Review of learner feedback forms.</li> </ul>		
<b>Records</b>	Induction Checklist, Record of Meetings, Cross Moderation Log, Internal Verification Report, External Authentication Report, Learner Feedback Forms.		

## 6.1.6 Cross Moderation

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	<p>The ensure:</p> <ul style="list-style-type: none"> <li>• A consistent level of instruction and proper adherence to programme content.</li> <li>• The maximum degree of consistency in evaluation and grading.</li> <li>• The protection of trainers from charges of prejudice.</li> <li>• The protection of learners from prejudicial treatment at the hands of individual trainers.</li> </ul>		
<b>Responsibility</b>	TM, Trainer(s)		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. When scheduling assessment and certification periods, cross-moderators will be identified by the TM.</li> <li>2. Where there are multiple programmes, in any certification period, the trainer of one programme may serve as the cross-moderator for a programme delivered by another trainer. (Cross moderators will carry out the moderation of results separately from the first marker)</li> <li>3. Cross moderated markings should be clearly identified by using a different colour to the original markings.</li> <li>4. Any changes should be recorded on the cross moderation log, which will be made available for internal verification and external authentication. (trainers must be available to speak to the EA if necessary)</li> </ol> <p><b>Note:</b> In any case where there is a difference in marking to the detriment of the learner the external evaluator will be asked to review the evidence. The E A decision will be final.</p> <ol style="list-style-type: none"> <li>5. Method &amp; Sampling – The method of the cross-moderation will be determined by the TM. One of the following mechanisms may be used: <ul style="list-style-type: none"> <li>• All distinctions and fails will be second-marked.</li> <li>• All borderline marks will be second-marked.</li> <li>• A random sample of papers from each programme (25% + 1) will be second marked.</li> </ul> </li> </ol> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>a) In instances where there is only one programme for certification, all learner results will be cross moderated.</li> <li>b) For any new programmes, the first two deliveries will be fully moderated (all learners).</li> <li>c) For any new trainers, the first two deliveries of any programme will be fully moderated (all learners).</li> </ol>		
<b>Records</b>	Cross Moderation Log		

### 6.1.7 Internal Verification

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that assessment procedures have been applied consistently across assessment activities, that the accuracy of assessment results is verified internally and that NWFS is awarding fair & consistent marks to all of our learners.		
<b>Responsibility</b>	Internal Verifier		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Each assessment period has an Internal Verifier (IV) appointed.</li> <li>2. IV training provided for all relevant staff.</li> <li>3. Ensure that the authority of the IV is clearly recognised within the organisational structure.</li> <li>4. Ensure that the IV is given sufficient time to complete IV related activities.</li> </ol> <p><b>Sampling Strategy</b></p> <p>Samples will be taken from every learner group. An appropriate sampling strategy is defined for each certification period and will:</p> <ul style="list-style-type: none"> <li>– Be representative of all awards and all assessment techniques.</li> <li>– Be sufficient in size enabling sound judgments to be made about the fairness and consistency of assessment decisions.</li> <li>– Cover the full range of attainment in terms of grades achieved.</li> <li>– Include a random selection of evidence for each grade/band.</li> <li>– Identify evidence which is borderline between grades e.g. learners who have not or learners who have only just achieved within the grading band.</li> <li>– Ensure new assessor decisions are sampled at least once during the assessment cycle.</li> </ul> <p>The IV will check the selected sample to ensure:</p> <ul style="list-style-type: none"> <li>– Marks have been allocated in line with guidelines.</li> <li>– Marks are calculated correctly.</li> <li>– Marks are transferred correctly from learner evidence to marking sheet.</li> <li>– Percentage marks and grades allocated are consistent with grading bands.</li> </ul> <p>The following will be appropriate for internal verification for each certification period:</p> <ul style="list-style-type: none"> <li>– A minimum of 12 portfolios included in the sample for each award.</li> <li>– If there are 12 or less portfolios for an award, all portfolios will be internally verified.</li> </ul> <p>If there are more than 12 portfolios for an award, the sample will normally be greater than 20% and will not be less than 13 assessment portfolios, as per the following table:</p>		

	<b>Number of assessment portfolios for certification</b>	<b>Number of assessment portfolios to be included</b>
	0 – 12	All
	13 – 50	13
	51 – 100	25
	101 – 200	40
<p>Assessment portfolios selected by the IV must include the following in the sample to determine the cut-off points between the grades:</p> <ul style="list-style-type: none"> <li>– The lowest pass</li> <li>– The highest unsuccessful</li> <li>– The lowest distinction</li> <li>– The highest merit</li> <li>– The lowest merit</li> <li>– The highest Pass</li> </ul> <p>The remaining number of portfolios will be randomly chosen, across all the grade bands, until the sample quota is reached. All trainers will be sampled over a defined period of time. Sampling from new trainers will be 100% of learners who present for certification from their first two programmes.</p> <p><b>The IV Report</b></p> <p>Having completed the IV process the internal verifier completes the IV report confirming the outcome of the process. The report will be retained and made available to the external authenticator and results approval panel. The report provides an auditable trail for monitoring. It captures evidence that the internal verification process has taken place, acknowledges strengths, any gaps and areas for improvement.</p>		
<b>Records</b>	IV Checklist, IV Report	

### 6.1.8 External Authentication

<b>Document No.</b>		<b>Version:</b>	
<b>Date Approved</b>		<b>Approved By</b>	
<b>Next Review</b>		<b>Responsibility</b>	
<b>Purpose</b>	To ensure that there is independent, authoritative confirmation of fair and consistent assessment of learners which is in accordance with national standards.		
<b>Responsibility</b>	TM, Training Administrator, External Authenticator		
<b>Key Steps</b>	<p>1. A suitably qualified External Authenticator (EA) is selected.</p> <p><b>Selection Criteria</b></p> <ul style="list-style-type: none"> <li>– Broad technical/subject matter expertise within the appropriate award area/field of learning.</li> </ul>		

	<ul style="list-style-type: none"> <li>– Have the required knowledge and expertise to confirm that policies and procedures in relation to awards and assessment are being implemented.</li> <li>– Experience of carrying out assessment or work in the industry/field.</li> <li>– Have administrative and IT skills e.g. report writing.</li> <li>– Be in a position to operate within the code of practice and/or guidelines issued by the awarding body.</li> <li>– Be available to us at appropriate times.</li> <li>– Be independent of our organisation.</li> <li>– Carry out their role as EA with integrity and professionalism.</li> </ul> <p>2. External authentication will take place in line with the assessment and certification schedules.</p> <p>3. Ensure all relevant staff are available for EA and time is allocated for the necessary preparations</p> <p>4. Preparation for External Authentication – The following should be agreed and/or made available in advance of the EA:</p> <ul style="list-style-type: none"> <li>–Date, time and venue.</li> <li>–Sampling strategy.</li> <li>–Paperwork to be completed and the time allocated to this.</li> <li>–The date by which the EA report will be completed.</li> <li>–Feedback to appropriate personnel.</li> <li>–Availability to the Results Approval Panel.</li> </ul> <p><b>Documents to be made Available:</b></p> <ul style="list-style-type: none"> <li>–Assessment briefs.</li> <li>–Examination papers.</li> <li>–Marking schemes.</li> <li>–Outline solutions.</li> <li>–Assessment plan(s).</li> <li>–Learner assessment evidence.</li> <li>–Learner assessment results (recorded on a provisional results sheet).</li> <li>–Component specification.</li> <li>–Internal Verification Report(s).</li> </ul> <p>EA will be carried out in line with the organisations sampling strategy:</p> <p><b>Sampling Strategy</b></p> <p>Samples will be taken from every learner group. An appropriate sampling strategy is defined for each certification period and will:</p> <ul style="list-style-type: none"> <li>– Be representative of all awards and all assessment techniques.</li> <li>– Be sufficient in size enabling sound judgments to be made about the fairness and consistency of assessment decisions.</li> <li>– Cover the full range of attainment in terms of grades achieved.</li> </ul>
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	<ul style="list-style-type: none"> <li>– Include a random selection of evidence for each grade/band.</li> </ul> <p>The EA will check the selected sample to ensure:</p> <ul style="list-style-type: none"> <li>– Marks have been allocated in line with guidelines.</li> <li>– Marks are calculated correctly.</li> <li>– Marks are transferred correctly from learner evidence to marking sheet.</li> <li>– Percentage marks and grades allocated are consistent with grading bands.</li> </ul> <p>The following will be appropriate for external authentication for each certification period:</p> <ul style="list-style-type: none"> <li>– A minimum of 12 portfolios included in the sample for each award.</li> <li>– If there are 12 or less portfolios for an award, all portfolios will be internally verified.</li> </ul> <p>If there are more than 12 portfolios for an award, the sample will normally be greater than 20% and will not be less than 13 assessment portfolios, as per the following table:</p> <table border="1" data-bbox="421 875 1401 1128"> <thead> <tr> <th>Number of assessment portfolios for certification</th><th>Number of assessment portfolios to be included</th></tr> </thead> <tbody> <tr> <td>0 – 12</td><td>All</td></tr> <tr> <td>13 – 50</td><td>13</td></tr> <tr> <td>51 – 100</td><td>25</td></tr> <tr> <td>101 – 200</td><td>40</td></tr> </tbody> </table> <p>Assessment portfolios selected by the EA must include the following in the sample to determine the cut-off points between the grades:</p> <ul style="list-style-type: none"> <li>– The lowest pass</li> <li>– The highest unsuccessful</li> <li>– The lowest distinction</li> <li>– The highest merit</li> <li>– The lowest merit</li> <li>– The highest Pass</li> </ul> <ol style="list-style-type: none"> <li>The remaining number of portfolios will be randomly chosen, across all the grade bands, until the sample quota is reached. All trainers will be sampled over a defined period of time.</li> <li>Complete the EA report – This report is available to the results approval panel and provides an auditable trail for monitoring. It provides evidence that the external authentication process has taken place. It comments on the outcomes of results moderation against national standards, acknowledges strengths, any gaps and areas for improvement.</li> </ol>	Number of assessment portfolios for certification	Number of assessment portfolios to be included	0 – 12	All	13 – 50	13	51 – 100	25	101 – 200	40
Number of assessment portfolios for certification	Number of assessment portfolios to be included										
0 – 12	All										
13 – 50	13										
51 – 100	25										
101 – 200	40										
<b>Records</b>	EA Checklist, EA Report										



## 6.1.9 Results Approval

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that assessment results are fully quality assured and signed-off by the organisation prior to submission to the awarding body for certification.		
<b>Responsibility</b>	Results Approval Panel		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. A results approval process is scheduled for each assessment period.</li> <li>2. A results approval panel is convened to approve results.</li> </ol> <p><b>Sample Agenda for RAP meeting</b></p> <ol style="list-style-type: none"> <li>1. Provisional results for consideration.</li> <li>2. Internal Verification Report.</li> <li>3. External Authentication Report.</li> <li>4. Trainer/Assessors Report.</li> <li>5. Grade Changes.</li> <li>6. Corrective Actions.</li> <li>7. Appeals Processed.</li> <li>8. AOB.</li> </ol> <ol style="list-style-type: none"> <li>3. A report of the meeting is prepared and signed by the chairperson. This report will be retained for auditing and monitoring purposes. It forms evidence that the authentication process has taken place. It acknowledges strengths, any gaps and areas for improvement in the authentication process. The RAP report will include:               <ol style="list-style-type: none"> <li>a) Panel membership.</li> <li>b) Agenda for meeting.</li> <li>c) Proposals to the meeting.</li> <li>d) Minutes of meeting.</li> </ol> <p><b>Proposals recorded in the minutes may include decisions:</b></p> <ul style="list-style-type: none"> <li>– To adapt the recommendation of the IV report</li> <li>– To adapt the recommendations of the EA report</li> <li>– To approve results before the meeting (provisional now approved)</li> <li>– Request for certification</li> <li>– To issue results to learners flagging the opportunity to appeal.</li> </ul> </li> </ol>		
<b>Records</b>	Record of Meetings, Final Approved Results, Results Summary Sheet		

### 6.1.10 Feedback to Learners

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To ensure learners receive timely and constructive feedback.		
Responsibility	Trainer(s)		
Key Steps	<ol style="list-style-type: none"> <li>1. During the programme the trainer will give verbal feedback to individuals and groups where learners will receive timely and constructive feedback on their progress.</li> <li>2. A summative feedback sheet is developed for learners and completed by their trainer, if necessary.</li> <li>3. Records of learner feedback are retained, if applicable.</li> </ol>		
Records	Record of Meetings, Assessment Feedback Form		

### 6.2 Monitoring and Review

Assessment process feedback is gathered at the end of each programme from learners and trainers by way of an assessment feedback form and trainer report. Questions are designed to gather information and insight into the effectiveness of the assessments. Analysis of this information is carried out by the TM. This information is then used to modify and improve the effectiveness of future assessment activities, if required. In addition, further analysis of learner performance (grade analysis) is carried out by the TM, administrator and trainer at the programme review meeting.

## 7. Supports for Learners

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to providing learners with adequate and sufficient supports and resources to maximise their learning experience. This commitment is underpinned by the following principles.</p> <ol style="list-style-type: none"> <li>1) Systematically monitoring and reviewing resources to ensure they are up to date, fit for purpose and accessible.</li> <li>2) Ensuring learners are fully informed of the supports and resources available to them.</li> <li>3) Actively collecting learner feedback on resources and supports to inform practice.</li> <li>4) Providing sufficient pre-entry information about the content, assessment and demands of each programme to enable potential learners to make an informed choice about participation on a programme.</li> <li>5) Providing information on the range of supports available and how to access those supports. <ul style="list-style-type: none"> <li>- The level of support provided will be in accordance with an individual's needs, the type of programme and the resources available.</li> </ul> </li> <li>6) Providing prospective learners with an opportunity to disclose any support needs on</li> </ol>			

<p>application and/or at any time during their programme.</p> <p>7) Providing learners with the opportunity to highlight any concerns they may have during their programme.</p> <p>8) Ensuring learners have access to trainers and administrative support throughout their programme.</p> <p>9) Providing reasonable accommodation to ensure that learner needs are met at every stage of their programme.</p>
<p><b>Purpose</b></p> <p>To provide an effective and productive learning environment for staff and learners.</p>
<p><b>Scope</b></p> <p>This policy applies to all learners. It also applies to all staff and associated stakeholders involved in education and training activities.</p>
<p><b>Responsibilities</b></p> <p>The board are responsible for ensuring the resources – finance and human – are in place. The TM is responsible for ensuring that all supports and resources are considered at the design stage and implemented. The programme administrator is responsible for ensuring all programme information is current, up to date and accurate and that potential learners have the opportunity to inform NWFS of any support needs / reasonable accommodation prior to choosing a programme. Trainers are responsible for monitoring learners during their programme and providing additional support when required. The TM will be responsible for monitoring the progress of learners through their programme and ensuring resources are made available to provide additional support if required.</p>

## 7.1 Supports for Learners

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure those with additional support needs have the opportunity to access our programmes and maximise their learning opportunity.		
<b>Responsibility</b>	TM, Administration, Trainer(s)		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. All applicants are asked to disclose any support needs they may have when they register / return course application form.</li> <li>2. Those identified with support needs are then contacted by email or phone to discuss the necessary arrangements.</li> <li>3. Learners who encounter difficulties during their programme are advised to inform their trainer or the programme administrator immediately.</li> <li>4. Learners will be provided with the opportunity to meet with a member of staff on a one to one basis.</li> </ol> <p>The following supports will be available to learners.</p> <ul style="list-style-type: none"> <li>– Venues checked to ensure accessibility and appropriate facilities.</li> <li>– Physical modifications to the training and assessment location e.g. seating arrangements etc.</li> <li>– Learning materials provided in an accessible format, where possible.</li> <li>– Additional time allocated to complete assessments.</li> <li>– Alternative assessment formats.</li> <li>– Support from a scribe to complete examinations.</li> <li>– Support from a reader to complete assessments.</li> </ul> <p>This list is not exhaustive and any learner presenting with any other support needs will be accommodated within reason to the best of our ability.</p>		
<b>Records</b>	Reasonable Accommodation / Application Form, Records of Correspondence, Premises Selection Checklist, Record of Meetings, Induction Checklist, Website, Promotional Material		

## 7.2 Monitoring and Review

The administrator will monitor applications and report any requests for additional supports to the TM. The TM will liaise with the relevant trainer prior to programmes delivery to discuss learner needs and any supports they may need. Learner evaluation forms will be analysed at the programme review meeting which will inform future practice.

## 8. Information and Data Management

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>Information is a valued asset of NWFS. It is a key resource required to deliver our business objectives and to meet the expectations of our stakeholders. We are committed to creating, managing and retaining records which provide a comprehensive account of our activities and a valuable resource for continuous quality improvement. This is underpinned by the following principles.</p> <ol style="list-style-type: none"><li>1. We manage information effectively as a strategic resource.</li><li>2. Information resources, regardless of where they are held are an organisational resource and hence the property of the organisation and not the property of individual employees.</li><li>3. We are all responsible for the information assets. Those with specific responsibility for managing information assets are clearly identified. However, all users are accountable for their use of information.</li><li>4. We share information responsibly with our colleagues and associated Stakeholders.</li><li>5. Staff will be able to access information for the effective performance of their role and there will be the opportunity for the free flow of information, as appropriate.</li><li>6. We protect information, especially personal information, which cannot be shared for legal reasons, e.g. in relation to privacy, security or due to commercial sensitivity.</li><li>7. We produce accurate information and meet our stakeholder expectations.</li><li>8. Information will be timely, relevant and consistent.</li><li>9. Information will be managed and will comply with relevant legislation.</li><li>10. We manage and store Information in accordance with policies, standards and procedures and information will be kept secure, as per GDPR.</li></ol>			
<p><b>Purpose</b></p> <p>To provide a framework for managing information which will enable the organisation to:</p> <ul style="list-style-type: none"><li>• Deliver quality services by having timely access to meaningful and appropriate information.</li><li>• Make informed decisions.</li><li>• Be open and transparent.</li><li>• Respond appropriately to information requests from associated Stakeholders.</li><li>• Protect vital records.</li><li>• Comply with the law.</li><li>• Protect our reputation and provide accountability over time.</li></ul>			

**Scope**

This policy applies to all Staff, contractors, agents and representatives and temporary staff working for or on behalf of the organisation who have access to records in all formats, whether paper, electronic or audio-visual. It includes emails produced or received in the conduct of business which are part of the organisational record. It also includes records managed on behalf of the organisation by an external body, such as an IT company. It applies to:

- All information created within the organisation.
- All information received by the organisation.

**Responsibility**

The board is responsible for setting strategic direction and ensuring that policies and procedures are in place for the safe management of information. All Staff, contractors, consultants and agents are responsible for documenting their actions and decisions accurately in the organisations records and for managing information in accordance with procedures and related policies. When leaving the organisation all those mentioned above must ensure that key records for which they are responsible remain accessible.

## 8.1 Information Systems – Performance Measures

Quality Area	Performance Measure	Monitoring	
		Frequency	Responsibility
Governance and Management of Quality	No. of quality improvement tasks open	Quarterly	QC
	No. of high priority tasks open	Quarterly	QC
	% of risk issues exceeding risk tolerance with no mitigating actions	6 months	RMP
	% of business processes not covered by risk analysis	6 months	RMP
Documented Approach to Quality Assurance	No. of policies and procedures that are up to date and reflect current practice.	Annually	QC
Programmes of Education and Training	No. of registered learners	6 months	MD, TM
	% of learners completing programmes	6 months	MD, TM
	No. of new programmes offered	6 months	PAP
Staff recruitment, Management and Development	Trainer rating	Quarterly	MD, TM
	% of staff/trainers who have gone through appropriate HR processes – e.g. induction, observation, performance review etc.	Annually	MD, TM
	% of staff/trainers who have up to date and appropriate qualifications.	Annually	MD, TM
	Staff/Trainer turnover rates	Annually	MD, TM
Teaching and Learning	Trainer rating	Quarterly	QC
	Course rating	Quarterly	QC
	No. of complaints and areas for improvement highlighted	Quarterly	QC
Assessment of Learners	Grade Analysis against national averages	6 months	MD, TM
	No. Certified	6 months	MD, TM

	% of learners completing programmes	6 months	MD, TM
	No. of reviews, rechecks and appeals	6 months	MD, TM
	% withdrawing or not submitting for assessment	6 months	MD, TM
Supports for Learners	% stating satisfaction with supports	6 months	MD, TM
	% with supports needs achieving certification	Annually	MD, TM
Information and Data Management	No. of data breaches	Annually	RMP
	% of learner and staff/trainer files with incomplete data	6 months	TM
	% of learner assessment portfolios incomplete	6 months	TM
	% of processes GDPR compliant	Annually	TM
Public Information and Communication	% of completed internal and external quality reports published	Annually	QC
	% of learners who stated that the information provided was sufficient for them to make an informed choice about course participation.	Annually	TM
Other Parties involved in Education and Training	Appropriate arrangements are in place with all those subcontracted to act for or on behalf of the organisation.	Annually	MD, TM
	% of records complete for all those subcontracted to act for or on behalf of the organisation.	Annually	MD, TM
Self-Evaluation, Monitoring and Review	% of monitoring and review activities carried out.	Quarterly	QC
	Up to date QIP in place.	Quarterly	QC
	No. of quality improvement tasks open	Quarterly	QC



## 8.2 Learner Information System

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To provide comprehensive learner information to track performance and generate reports to enhance service provision.		
<b>Responsibility</b>	TM, Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Check the system to ascertain if the learner is already register, if not:</li> <li>2. Each learner is assigned a unique number when they enrol on a programme for the first time.</li> <li>3. This number is to be inputted into the system with their personal information to include: <ul style="list-style-type: none"> <li>- Name, Address, Contact Detail, Gender, Date of Birth, PPSN Number, Emergency Contact Person, Prior Learning, Additional Support Needs.</li> </ul> </li> <li>4. Information collected during and after each programme is to be inputted into the system to include: <ul style="list-style-type: none"> <li>- Attendance, Additional Support Provided, Progression, Drop Outs, Assessment Results, certification.</li> </ul> </li> <li>5. Check the system weekly to ensure records are up to date and accurate and clean up the system as per data retention.</li> </ol>		
<b>Records</b>	Record of Meetings,		

## 8.3 Management Information System

NWFS have a customised electronic management information system (MIS) which is accessible to all management and administration staff. The system provides:

- a) A data repository and reporting function for all organisational activity.
- b) For the creation of databases, i.e. learner details, certification details per learner, assessment details, application and completion rates per programme etc.

The system is monitored through:

- a) Day-to-day use.
- b) Staff meetings.
- c) External evaluation – An external IT support company provide support and to maintain the

system.

- Identified improvements and necessary updates are carried out in a timely manner.
- The system is backed up weekly and is updated on a regular basis.

1. Utilise the Internal Computer Network (work group) with shared folders.

Use the centrally based filing system for electronic and paper files.

## 8.4 Information for Further Planning

### 8.4.1 Data Analysis

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To provide up to date accurate and reliable data to enhance service provision.		
<b>Responsibility</b>	Board, MD, TM, Administration		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. The MD and TM will carry out an analysis of data quarterly to inform practice.</li> <li>2. Reports will be presented at regularly scheduled weekly, monthly and quarterly staff meetings.</li> <li>3. Regularly scheduled programme review meetings, Ref. Completion rates, grade analysis, learner satisfaction rates, enrolment rates (numbers per programme), target groups (learner profile details, per programme).</li> </ol>		
<b>Records</b>	Records of Meetings, Data Reports		

## 8.5 Completion Rates

Reference: Section 8.2

## 8.6 Records Maintenance and Retention

### 8.6.1 Records Management

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure the creation and management of complete, up to date and reliable records which support the continuous quality improvement of education and training activities.		
<b>Responsibility</b>	Board, Sub Groups, All Staff		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Records must be managed through their lifecycle: from creation, through storage and use, to disposal. <ol style="list-style-type: none"> <li>a) <b>Creation and Maintenance</b> - Information users will: <ul style="list-style-type: none"> <li>• Create, keep and manage records which document the organisations principal activities.</li> <li>• Maintain records the organisation requires for business, regulatory, legal and accountability purposes.</li> <li>• Create records with meaningful titles so that they can be retrieved quickly and efficiently.</li> <li>• Create and maintain records in accordance with the procedures for version and document control.</li> <li>• Make sure records are authentic, reliable, have integrity and remain usable.</li> </ul> </li> </ol> </li> </ol>		

	<ul style="list-style-type: none"> <li>• Ensure appropriate backup arrangements are in place for electronic records (including restoration of backups and disaster recovery if electronic records are damaged).</li> </ul> <p><b>b) Storage</b> - To maximise efficiency, reduce costs, enable sharing and minimise risks, information users will:</p> <ul style="list-style-type: none"> <li>• Store key business information in shared filing systems (e.g. shared drive, filing cabinets etc.)</li> <li>• Store information securely, appropriate to its classification.</li> <li>• Avoid storing duplicates (e.g. avoid paper/electronic duplication and store a single copy of electronic information to be shared through use of links).</li> <li>• Use the organisations records centre for storing and managing semi-current paper records not required on a regular basis rather than offices or other locations.</li> <li>• Not store information permanently on removable media (e.g. memory sticks)</li> </ul> <p><b>c) Using Information</b> - In order to balance the organisations commitment to openness and transparency and a desire to exploit our information with our responsibility for privacy and sensitivity requirements, information users will:</p> <ul style="list-style-type: none"> <li>• Ensure all records are subject to appropriate security measures.</li> <li>• Document decisions regarding access so that they are consistent, and can be explained and referred to.</li> <li>• Proactively publish information, where it is considered to be in the interest of Stakeholders.</li> </ul>
<b>Records</b>	Learner Records, Staff Records, Record of Meetings, External Audit Report, Internal Audit Reports

## 8.7 Data Protection and Freedom of Information

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to the protection of the rights and privacy of individuals and organisations whose data is held by the organisation. This commitment is underpinned by full compliance with the statutory measures that ensure these rights, namely the Data Protection Act 1988, the Data Protection (Amendment) Act 2003 and the General Data Protection Regulation 2016. To meet our responsibilities under the legislation and in accordance with the data protection principles, we will:</p> <ol style="list-style-type: none"> <li>1. Obtain and process information fairly.</li> <li>2. Keep it only for one or more specified, explicit and lawful purposes.</li> <li>3. Use and disclose data only in ways compatible with these purposes.</li> <li>4. Take appropriate measures to keep data safe and secure.</li> <li>5. Keep it accurate, complete and up-to-date.</li> <li>6. Ensure it is adequate, relevant and not excessive.</li> <li>7. Retain for no longer than is necessary for the purpose or purposes in was collected.</li> <li>8. Provide data to data subjects on request.</li> </ol>			
<p><b>Purpose</b></p> <ol style="list-style-type: none"> <li>1. To outline the rules on data protection and the legal conditions that must be satisfied in relation to the collecting, obtaining, handling, processing, storage, transportation and destruction of personal data.</li> <li>2. To provide good practice guidelines for staff and associated stakeholders.</li> <li>3. To protect NWFS from the consequences of a breach of its responsibilities.</li> </ol>			
<p><b>Scope</b></p> <p>All staff, contractors and representatives handling data for or on behalf of the organisation who have access to data in all formats i.e. paper, electronic or audio-visual.</p>			
<p><b>Responsibility</b></p> <p><b>Board</b></p> <ul style="list-style-type: none"> <li>• Ensuring resources are in place to meet the requirements of this policy.</li> <li>• Ensuring the policy and procedures are adequate, up-to-date, in line with legislative requirements and systematically reviewed.</li> <li>• Designating a Data Protection Coordinator (DPC).</li> <li>• Ensuring the DPC has the autonomy and resources necessary to carry out their role effectively and efficient.</li> </ul> <p><b>TM</b></p> <ul style="list-style-type: none"> <li>• Assisting the Board to develop, review and approve the policy and procedures.</li> <li>• Ensuring the organisation is fully compliant with legislation in its day to day activities.</li> <li>• Ensuring only authorised personnel engage in activities associated with providing the service.</li> <li>• Monitoring the implementation of this policy and associated procedures.</li> <li>• Dealing with concerns arising out of the implementation of this policy.</li> </ul>			

**Staff**

- Complying with the requirements of the policy and associated procedures.
- Creating and maintaining full and accurate records of all activities.
- Handling data with care and respect so as not to compromise there integrity.
- Preventing unauthorised access.
- Bring any observations or concerns to the attention of the manager that may require updates to the policy and procedures.

**Data Protection Coordinator (DPC)**

- Monitor compliance with the General Data Protection Regulation.
- Collect information to identify processing activities.
- Analyse and check the compliance of processing activities.
- Inform, advice and issue recommendations.
- Provide support, assistance and training.

**8.7.1 Obtaining and Processing Data**

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that all data is obtained and processed in a transparent and effective manner.		
<b>Responsibility</b>	All Staff		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>Information may only be collected for the provision of education and training activities and associated services. Information will be collected to: <ol style="list-style-type: none"> <li>Provide services including, but not limited to, training and consultancy.</li> <li>Provide personnel, payroll and pension administration services.</li> <li>Update databases.</li> <li>Provide online services.</li> </ol> </li> <li>The data subject must be made aware of the following prior to processing their data: <ol style="list-style-type: none"> <li>Reason for collecting the data.</li> <li>How it will be used.</li> <li>Legal basis for processing the data.</li> <li>Disclosure to third parties.</li> <li>Retention period.</li> <li>Contact details for the DPC.</li> <li>Their rights: <ul style="list-style-type: none"> <li>Right to be informed.</li> <li>Right of access.</li> <li>Right to rectification.</li> <li>Right to erasure.</li> <li>Right to restrict processing.</li> <li>Right to data portability.</li> <li>Right to object.</li> </ul> </li> </ol> </li> </ol>		

	<ul style="list-style-type: none"> <li>- Rights around automated decision making and profiling.</li> <li>- Right to withdraw consent at any time.</li> <li>- Right to make a complaint.</li> </ul> <ol style="list-style-type: none"> <li>3. Personal data should only be processed for the specific purpose(s) notified to the data subject(s) and for which it was gathered in the first place. <ol style="list-style-type: none"> <li>a) If it is requested to be used for any other purpose consent must be obtained from the data subject(s). (Any requests are subject to board approval).</li> </ol> </li> <li>4. Data should only be disclosed for the original purpose it was obtained.</li> <li>5. Data should not be disclosed to third parties without the consent/explicit consent of the data subject. <ol style="list-style-type: none"> <li>a) Verbal consent may be obtained for the disclosure of non-sensitive data.</li> <li>b) Written consent must be obtained for the disclosure of sensitive data.</li> </ol> </li> <li>6. Sensitive personal data may be disclosed without the express written consent of the data subject in the following circumstances: <ol style="list-style-type: none"> <li>a) Where the data subject has already been made aware of the person/organisation to whom the data may be disclosed.</li> <li>b) Where it is required by law.</li> <li>c) Where it is required for legal advice or legal proceedings, and the person making the disclosure is a party or a witness.</li> <li>d) Where it is required for the purposes of preventing, detecting or investigating offences, apprehending or prosecuting offenders, or assessing moneys due to the state.</li> <li>e) Where it is required urgently to prevent injury or damage to health, or serious loss of or damage to property.</li> </ol> </li> <li>7. Personal information should not be disclosed to work colleagues unless they have a legitimate interest in the data to fulfil official employment duties.</li> <li>8. Personal data may be used for research purposes under the following conditions: <ol style="list-style-type: none"> <li>a) Consent of the data subject.</li> <li>b) Personal data must be kept anonymous.</li> </ol> </li> <li>9. Any concerns or queries relating to the obtaining and processing of data should be brought to the attention of the DPC and/or management.</li> </ol>
<b>Records</b>	IT System, Personnel Files, Retention Schedule, Disposal Log, Emails, Written Correspondence

### 8.7.2 Data Access Requests

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To allow an individual access to their personal data		
Responsibility	All Staff, DPC		
Key Steps	<p>Once a data request is received the following applies:</p> <ol style="list-style-type: none"> <li>1. Inform the individual that the request must be submitted in writing to the DPC using the organisation's access request form (email a form on request).</li> <li>2. Once the written request is received the DPC will verify the identity of the individual using reasonable means – e.g. request a copy of recent photo I.D.</li> <li>3. Once verified the DPC will process the request or assign a person who will process it.</li> <li>4. The DPC will track/record results to ensure compliance. (In the event of a dispute an audit trail must be available to show compliance)</li> <li>5. Processing the request should be complete within one month of receiving the request in writing. <ul style="list-style-type: none"> <li>- This time period can be extended to two months where requests are complex or numerous.</li> <li>- Inform the individual of the extended time period.</li> </ul> </li> <li>6. Send the data to the individual in the agreed time electronically unless the individual requests that it be sent manually.</li> </ol>		
Records	Access Request Form, Tracking Log, Emails, Written Correspondence		

### 8.7.3 Requests to Rectify, Erase, Restrict or Objections to Processing

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To ensure that individual requests are dealt with in a timely and effective manner.		
Responsibility	All Staff, DPC		
Key Steps	<p>Once a request is received the following applies:</p> <ol style="list-style-type: none"> <li>1. Inform the individual that the request must be submitted in writing to the DPC.</li> <li>2. Once the written request is received the DPC will verify the identity of the individual using reasonable means – e.g. request a copy of recent photo I.D.</li> <li>3. Once verified the DPC will process the request or assign a person to it.</li> <li>4. The DPC will track/record results to ensure compliance. (In the event of a dispute a trail must be available to show compliance)</li> <li>5. Processing the request should be complete within one month of receiving the request in writing.</li> </ol>		



	<p>a. This time period can be extended to two months if where requests are complex or numerous.</p> <p>b. Inform the individual of the extended time period.</p> <p>6. Notify the individual in the agreed timeframe of the results of their request.</p>
<b>Records</b>	Emails, Written Correspondence

### 8.7.4 Data Portability Requests

<b>Document No.</b>		<b>Version:</b>	
<b>Date Approved</b>		<b>Approved By</b>	
<b>Next Review</b>		<b>Responsibility</b>	
<b>Purpose</b>	To ensure that individual requests are dealt with in a timely and effective manner.		
<b>Responsibility</b>	All Staff, DPC		
<b>Key Steps</b>	<p><b>Handling a Request</b></p> <p>Once a data portability request is received the following applies:</p> <ol style="list-style-type: none"> <li>1. Inform the individual that the request must be submitted in writing to the DPC using the organisation's data request form detailing all data requested (email a form on request).</li> <li>2. Once the written request is received the DPC will: <ul style="list-style-type: none"> <li>- Verify or delegate a person who will verify the identity of the individual using reasonable means – e.g. request a copy of recent photo I.D.</li> </ul> </li> <li>3. Once verified the DPC will process the request or delegate someone to process it.</li> </ol> <p><b>Processing a Request</b></p> <ol style="list-style-type: none"> <li>1. Gather all data requested in whatever format it is in.</li> <li>2. Save all data in a PDF format.</li> <li>3. Send the data to the data subject for review and agree it.</li> <li>4. Once agreed send the data in PDF format to the other controller identified by the data subject and request a receipt. <ul style="list-style-type: none"> <li>- Processing the request should be complete within one month of receiving the request in writing.</li> <li>- This time period can be extended to two months where requests are complex or numerous.</li> <li>- If the time period is to be extended, inform the individual.</li> </ul> </li> <li>4. The DPC will track/record results to ensure compliance. <ul style="list-style-type: none"> <li>- In the event of a dispute an audit trail must be available to show compliance.</li> </ul> </li> <li>5. The person responsible must send notify the data subject in the agreed timeframe of the results of their request.</li> </ol>		
<b>Records</b>	Data Request Form, Tracking Log, Emails, Phone Calls, Written Correspondence.		

### 8.7.5 Confidentiality and Security

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that information is managed in a consistent, secure and confidential manner.		
<b>Responsibility</b>	All Staff		
<b>Key Steps</b>	<p>Standards of security include the following:</p> <ol style="list-style-type: none"> <li>1. Access to the IT system is limited to authorised personnel who will have individual passwords for access.</li> <li>2. Access to IT servers is restricted in a secure location to a limited number of Staff.</li> <li>3. Access to any staff personal data is restricted to authorised personnel for legitimate purposes only.</li> <li>4. Access to computer systems is password protected with other factors of authentication as appropriate to the sensitivity of the data. <ul style="list-style-type: none"> <li>- Non-disclosure of personal security passwords to any other individual including other personnel is encouraged.</li> </ul> </li> <li>5. Information on computer screens and manual files to be kept out of sight from callers to our offices.</li> <li>6. Back-up procedures in operation for information held on computer servers, including off-site back-up. <ul style="list-style-type: none"> <li>- Data is backed up by the TM every quarter following data cleansing activities.</li> </ul> </li> <li>7. Computers are protected by anti-virus software.</li> <li>8. Computers have automatic screen savers should the user fail to log out.</li> <li>9. Personal manual data is to be held securely in locked cabinets, locked rooms, or rooms with limited access.</li> <li>10. Staff are provided with data protection information and training relevant to their role.</li> </ol>		
<b>Records</b>	Training Records, Computer Audit Trail, Log In Details.		

## 8.7.6 Data Cleansing

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure accurate, up to date data is available to the organisation and that it is in line with data protection legislation and guidelines.		
<b>Responsibility</b>	All Staff		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. In order to ensure clean data all fields must be complete at time of initial entry on any systems.</li> <li>2. Quality checks are carried out quarterly on a random selection of: <ul style="list-style-type: none"> <li>- Learner Records</li> <li>- Organisation Records, including personnel</li> </ul> </li> <li>3. Log any issues identified.</li> <li>4. Create a clean-up plan with responsibility clearly assigned.</li> <li>5. Contact all organisations annually to verify and update information.</li> <li>6. Maintain the database: <ul style="list-style-type: none"> <li>- Assign responsibility for systematic cleansing.</li> <li>- Update policies and procedures.</li> <li>- Seek external expertise, if required.</li> <li>- Keep staff informed and upskilled.</li> <li>- Carry out random spot checks.</li> <li>- Discuss issues with relevant staff members.</li> <li>- Ensure consistency of data entry among all staff.</li> </ul> </li> </ol> <p><b>Other Data</b></p> <ol style="list-style-type: none"> <li>1. All policies and procedures are reviewed annually, as per the document control matrix.</li> <li>2. Staff records are updated annually, or sooner if required, in line with performance reviews.</li> <li>3. Information on the website and/or social media is reviewed and updated weekly.</li> <li>4. All data is reviewed annually for relevance and updated or disposed of as required.</li> </ol>		
<b>Records</b>	Quality Reports, Quality Improvement Plan, Record of Meetings, Document Control Matrix		

## 8.6.7 Managing a Data Breach

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure a standardised management approach is implemented in the event of a data breach.		
<b>Responsibility</b>	MD, TM, DPC		
<b>Key Steps</b>	<p>A data breach may happen for a number of reasons, including:</p> <ul style="list-style-type: none"> <li>- Loss or theft of equipment on which data is stored.</li> <li>- Inappropriate access controls allowing unauthorised use.</li> <li>- Equipment failure.</li> <li>- Human error e.g. send an email to the wrong address.</li> <li>- Unforeseen circumstances such as a flood or fire.</li> <li>- Computer hacking.</li> <li>- Access where information is obtained by deception.</li> </ul> <p>Should a breach occur it is to be managed in the following way:</p> <ol style="list-style-type: none"> <li>1. Details of the incident should be recorded, including. <ul style="list-style-type: none"> <li>- A description of the incident.</li> <li>- The date and time of the incident.</li> <li>- The date and time it was detected.</li> <li>- Who reported the incident and to whom it was reported.</li> <li>- The type of data involved and how sensitive it is.</li> <li>- The number of individuals affected by the breach.</li> <li>- Was the data encrypted?</li> <li>- Details of any Information IT systems involved.</li> <li>- Additional material.</li> </ul> </li> <li>2. Notification of the breach and risk assessment. <p>Internal Notification</p> <ul style="list-style-type: none"> <li>• A data breach must be reported without delay to the senior manager, who in turn will immediately notify the DPC and MD with the incident details.</li> <li>• The DPC will immediately convene a meeting of relevant people to deal with the incident.</li> <li>• The group will assess the incident details and the risks involved, including: <ul style="list-style-type: none"> <li>- What type of data is involved?</li> <li>- How sensitive is the data involved?</li> <li>- How many individuals' personal data are affected by the breach?</li> <li>- Were there protections in place e.g. encryption?</li> <li>- What are the potential adverse consequences for individuals and how serious or substantial are they likely to be?</li> <li>- How likely is it that adverse consequences will materialise?</li> </ul> </li> </ul> <p>External Notification</p> <ul style="list-style-type: none"> <li>• It is best practice to inform the office of the data commissioner immediately for advice on how best to deal with the aftermath of a</li> </ul> </li> </ol>		

	<p>data breach.</p> <ul style="list-style-type: none"> <li>• The DPC will be responsible for contacting the office of the data commissioner.</li> <li>• The management team in consultation with the office of the data commissioner will decide if it is appropriate to inform the persons whose data has been breached.(every incident will not warrant notification).</li> <li>• When notifying individuals management will consider the most appropriate medium for doing so. It will bear in mind the security of the medium for notification and the urgency of the situation.</li> <li>• Specific and clear advice will be given to individuals on the steps they can take to protect themselves and, what the organisation is willing to do to assist them.</li> <li>• The DPC will be the contact person for further or ongoing information.</li> <li>• The management team will also consider notifying third parties, such as An Garda Síochána who can assist in reducing the adverse consequences to the data subject(s).</li> <li>• Other statutory agencies will be informed as required.</li> </ul> <p>3. Evaluation and Response</p> <ul style="list-style-type: none"> <li>• Subsequent to any breach a review of the incident will be made by management. The purpose of this review will be to: <ul style="list-style-type: none"> <li>- Ensure that the steps taken during the incident were appropriate.</li> <li>- Describe and record the measures being taken to prevent a repetition of the incident.</li> <li>- Identify areas that may need to be improved.</li> <li>- Document any recommended changes to policy and/or procedures which are to be implemented as soon as possible thereafter.</li> </ul> </li> </ul>
<b>Records</b>	Record of Meetings, Emails, Quality Improvement Plan

### 8.7.8 Internal Audits

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ascertain if the systems in place are ensuring we are operating in accordance with the data protection acts and regulations and to identify any risks or possible non-compliance.		
<b>Responsibility</b>	DPC		
<b>Key Steps</b>	<p>Internal audits will be carried out annually by the DPC, who will.</p> <ol style="list-style-type: none"> <li>Complete the audit schedule <ul style="list-style-type: none"> <li>The schedule specifies the areas and/or processes to be audited, the audit criteria and scope of the audit.</li> <li>Areas specified in the schedule are audited against relevant documentation and standards (audit criteria).</li> </ul> </li> <li>Internal audits are carried out across selected activities annually, with greater frequency, if required. <ul style="list-style-type: none"> <li>The frequency of audits can be adjusted depending on the results of previous audits, feedback, new procedures or the importance of an identified issue.</li> </ul> </li> <li>The audits are carried out by: <ul style="list-style-type: none"> <li>Reviewing manual and electronic procedures and compliance.</li> <li>Consultation with relevant Staff.</li> <li>Reviewing previous audit reports and improvement plans.</li> </ul> </li> <li>A summary internal audit report is completed by the DPC outlining any strengths and areas for improvement. <ul style="list-style-type: none"> <li>Where an issue is discovered it is recorded on the QIP. (Issues will be prioritised for completion)</li> <li>The issue and corrective action should be agreed between the auditor and the person tasked with completing the corrective action.</li> <li>Where no issues are found a record is retained to signify that an audit has been carried out, i.e. an audit report must still be completed.</li> </ul> </li> <li>Corrective actions are checked at the end of each month by the DPC to verify completion.</li> <li>Reports are provided to the next board/steering committee meeting for review.</li> <li>Internal audit reports are to be maintained for a period of three years.</li> </ol>		
<b>Records</b>	Audit reports, Quality Improvement plan, Corrective Action Log		

### 8.7.9 Awareness Training and Support

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To ensure that staff have the necessary knowledge and skills to carry out their activities giving due care to the data they have access to.		
Responsibility	Senior Management, DPC		
Key Steps	<ol style="list-style-type: none"> <li>1. Initial data protection information will be provided at induction.</li> <li>2. All new staff members will receive training on the IT system.</li> <li>3. The DPC will provide periodic updates and awareness training as required.</li> <li>4. Upskilling workshops will be held periodically.</li> <li>5. Manuals will be reviewed and updated annually or sooner if required.</li> <li>6. Updates will be communicated to stakeholders electronically.</li> <li>7. The IT lead will provide ongoing advice and support.</li> </ol>		
Records	Training Attendance Sheets, Login Details, Induction Checklist, Staff CPD Records		

### 8.7.10 Data Retention and Disposal

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To provide assistance and guidance to staff in meeting their obligation in relation to the retention and disposal of data.		
Responsibility	All Staff		
Key Steps	<ol style="list-style-type: none"> <li>1. Management will: <ul style="list-style-type: none"> <li>• Ensure all Staff are made aware of the records retention schedule so that they know which records the organisation has decided to keep and their personal responsibility to follow the retention schedules.</li> </ul> </li> <li>2. Information users will: <ul style="list-style-type: none"> <li>• Review records in accordance with the retention schedule when they are no longer required for on-going business or specific legal or regulatory purposes.</li> <li>• Review records at the end of their retention period and arrange for secure destruction, transfer to storage or given a further review date. (Documentation of the disposal or transfer of records will be completed and retained).</li> <li>• Manage electronic records in accordance with the retention schedule. It is recommended that an intended disposal or review date is captured when creating electronic records.</li> </ul> </li> <li>3. All data created and/or received by staff in the course of their duties are retained for as long as they are required to meet the legal, administrative, financial and operational requirements.</li> </ol>		

	<ol style="list-style-type: none"> <li>4. The final disposal, either through transfer to archives or destruction, is carried out according to the retention schedules.</li> <li>5. Retention periods depend on different criteria, including compliance with legislation and best practice. The retention periods are the minimum time that records should be kept, and are calculated from the end of the calendar month, following the last entry on the record.</li> <li>6. A records retention schedule will apply to a series of records, and will indicate when eligible records must be destroyed or deleted, and when permanent records are to be archived.</li> <li>7. In conjunction with the retention periods included in this policy, the following principles should also be observed: <ul style="list-style-type: none"> <li>- Be conservative and avoid inordinate degrees of risk.</li> <li>- Consider the consensus of opinion of knowledgeable/experienced people.</li> <li>- Retain a record if it is likely to be needed in the future, and if the potential consequences of not having it would be substantial and are foreseeable at the time.</li> <li>- Apply common sense.</li> </ul> </li> <li>8. Disposal of records must be authorised by a senior manager or the DPC. <ul style="list-style-type: none"> <li>- Where hard copy records are to be destroyed after the retention period has expired, they should be destroyed using a shredder, or where there is a large amount of records to be destroyed, a professional contractor with expertise in this field should be employed on a confidential basis with the intention that such contractor will oversee the process and issue a certificate of destruction.</li> <li>- A record in the form of a register is to be maintained of all records destroyed, providing verifiable authorised proof of destruction.</li> <li>- The register should be kept in perpetuity and should provide details of all records destroyed, including identifying the name of the person to whom the record relates.</li> <li>- The register should be signed and dated by the person who authorised the destruction of the records. This register should be held in a secure location.</li> <li>- Electronic records should be disposed of as per the retention schedule.</li> <li>- Third parties who have received records should be notified and requested to dispose of those records according to the retention schedule.</li> </ul> </li> </ol>
<b>Records</b>	Retention Schedule, Disposal Log, Staff CPD Records, Emails



### 8.7.11 Retention Schedule

This is a list of common types of information showing how they should be classed and the retention period.

Information Type	Retention Period	Disposal
<b>Staff Documentation</b>	<b>1 Year</b>	<b>Delete / Secure Shredding</b>
Personal Details	1 Year	Delete / Secure Shredding
Professional Details (CV, Contract of Employment etc.)	1 Year	Delete / Secure Shredding
CPD Records	Ongoing	Delete / Secure Shredding
<b>Learner Documentation</b>	<b>5 Years</b>	<b>Delete / Secure Shredding</b>
Personal Details (Such as contact information: phone address, email)	5 Years	Delete / Secure Shredding
Programme Details	5 Years	Delete / Secure Shredding
Assessment Details	5 Years	Delete / Secure Shredding
<b>Programme Documentation</b>	<b>5 Years</b>	<b>Delete / Secure Shredding</b>
Programme Content	5 Years	Delete / Secure Shredding
Programme Information	5 Years	Delete / Secure Shredding
Programme Material (Hard Copy and Soft Copy)	5 Years	Delete / Secure Shredding

### 8.8 Monitoring and Review

The DPC will be responsible for monitoring compliance by carrying out random audits during the year and a scheduled audit annually. The procedures will be reviewed annually or sooner if required by the MD and DPC. Any issues will be raised at regularly scheduled staff meetings and actioned as required. The policy will be reviewed by the Board every three years, or sooner if required.

## 9. Public Information and Communication

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to providing clear, accurate, objective, up to date and easily accessible information on its programmes and associated services We will work to provide the maximum information to all stakeholders in an open and transparent manner. To achieve this, we will:</p> <ol style="list-style-type: none"> <li>1. Have a clear vision and mission that enables all to understand and engage with our education and training aims and objectives.</li> <li>2. Provide and be provided with appropriate information to enable us to deliver a quality service to all stakeholders.</li> <li>3. Make sure policies and procedures are clearly communicated.</li> <li>4. Disseminate information to inform decision making, practice and encourage a commitment to continuous quality improvement.</li> <li>5. Share information with key stakeholders.</li> </ol>			
<p><b>Purpose</b></p> <p>To provide information about programmes of education and training and quality assurance policies, procedures and reports.</p>			
<p><b>Scope</b></p> <p>This policy applies to all programmes of education and training and internal and external communications</p>			
<p><b>Responsibility</b></p> <p>The Board are responsible for ensuring that policies and procedures are in place for all education and training activities. Responsibility will be delegated as appropriate.</p> <p>All sub groups are responsible for:</p> <ul style="list-style-type: none"> <li>• Promoting a culture of open and honest communication.</li> <li>• Ensuring all stakeholders are kept updated on relevant activities.</li> <li>• Ensuring that information is made available to all stakeholders in a timely manner, via appropriate channels.</li> <li>• Maintaining two-way communication and listening to feedback and comments from all Stakeholders.</li> <li>• Monitoring the effectiveness of the policy and procedures.</li> </ul> <p>Staff are responsible for:</p> <ul style="list-style-type: none"> <li>• Ensuring good individual communication practice.</li> <li>• Being informed and have information to be effective in their role.</li> <li>• Taking responsibility for communicating with stakeholders.</li> <li>• Using open two-way communications to keep colleagues and stakeholders informed.</li> <li>• Continually measuring and evaluating communication procedures.</li> </ul> <p>Learners are responsible for:</p> <ul style="list-style-type: none"> <li>• Being aware of and actively using communication channels and processes that are designed to enhance and support their experience.</li> <li>• Responding to communications from NWFS representatives in a timely manner.</li> </ul>			

- Actively engaging with formal and informal feedback processes that provide an insight into how services and infrastructure for learners might be enhanced.
- Taking an active role in opportunities provided for learner representation, if applicable.
- Informing NWFS staff at the earliest opportunity of concerns or issues that are affecting their ability to learn.

## 9.1 Programme Information

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that programme information is made available to the public and that it provides potential learners with enough information to make an informed choice about participation on a programme.		
<b>Responsibility</b>	TM, Administrator		
<b>Key Steps</b>	<p><b>Sources of Information</b></p> <ol style="list-style-type: none"> <li>1. Website</li> <li>2. Annual Calendar</li> <li>3. Social Media</li> <li>4. Promotional Material</li> <li>5. Local Media</li> <li>6. Emails</li> </ol> <p><b>Information to be Provided</b></p> <ol style="list-style-type: none"> <li>1. Programme Title</li> <li>2. Award Type</li> <li>3. Awarding Body</li> <li>4. National Framework of Qualifications Level (if applicable)</li> <li>5. Entry Criteria</li> <li>6. Programme Outline</li> <li>7. Transfer and Progression Opportunities (if applicable)</li> <li>8. Assessment Details</li> <li>9. Details on Protection for Enrolled Learners (if applicable)</li> </ol> <p><b>Publication of Other Information</b></p> <p>The following will be made available:</p> <ol style="list-style-type: none"> <li>1. Quality Assurance Policies and Procedures</li> <li>2. Awarding Body Reports and Evaluations</li> <li>3. Learner Award Information (Assessment statistics)</li> </ol>		
<b>Records</b>	Promotional Material, Website, Centre Activity Report		

### 9.1.1 Communication with Stakeholders

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To ensure that information is provided to and collected from associated stakeholders, analysed and acted upon and used to inform improvements to training activities.		
Responsibility	Board, Sub Groups, TM, Trainers, Administration		
Key Steps	<p>Communication Methods</p> <ul style="list-style-type: none"> <li>• Website.</li> <li>• Internal reporting.</li> <li>• Replying to requests for information in a timely manner.</li> <li>• Attendance at meetings and events.</li> <li>• Participation in external review.</li> <li>• Submission of documentation.</li> <li>• Annual Reports</li> </ul> <p>Collecting Feedback:</p> <ul style="list-style-type: none"> <li>• Meetings with associated Stakeholders.</li> <li>• Stakeholder needs assessment.</li> <li>• Scheduled emails to and from associated stakeholders.</li> <li>• Periodic survey of associated stakeholders.</li> <li>• Attendance at local events (Networking Opportunities).</li> </ul>		
Records	Record of Meetings, Internal and External Reports, Survey Results, Quality Review Report, Annual Report, Needs Assessment Report		

## 9.2 Learner Information

Reference: Section 3.2

### 9.2.1 Protection for Enrolled Learners

NWFS has learner protection in place for all learners who enrol on validated programmes in accordance with the Qualifications and Quality Assurance (Education and Training) Act 2012. The arrangements are learners are only invoiced on the completion of the course and courses offered by NWFS are short term duration (1 – 3 days).

## 9.3 Publication of Quality Assurance and Evaluation Reports

NWFS will publish the following on its website.

- Awarding Body Reports
- Quality Assurance Policies and Procedures
- Summary Reports from Internal Self-Evaluation
- External Evaluation Reports

## **9.4 Monitoring and Review**

The TM and administrator will monitor published information monthly to ensure it is up to date, accurate and relevant. The MD will review information quarterly and report to the Board at the next scheduled meeting. The Board is responsible for ensuring appropriate PEL arrangements are in place. A review of PEL arrangements will be included on the agenda at a regularly scheduled Board meeting, if required. The MD is responsible for verifying that arrangements are in place. The MD will inform the TM of any changes applicable. PEL arrangements will also be reviewed annually to ensure compliance with all regulations.

## **10. Other Parties Involved in Education and Training**

### **10.1 Peer Relationships**

NWFS staff have been involved in education and training for over 20 years and have quality assurance policies and procedures in place across a range of awarding bodies.

### **10.2 External Partnerships and Second Providers**

NWFS does not engage with any secondary providers.

### **10.3 Expert Panellists, Examiners and Authenticators**

Reference Sections 1.1, 1.1.1, 1.1.4, 1.2.3.3, 1.2.3.5, 6.18

## **10.4 Monitoring and Review**

The Board are responsible for ensuring the resources are in place to maintain standards across all awarding bodies. Responsibility is delegated to the relevant sub groups who will monitor and review activities at regularly scheduled meetings. The TM will be responsible for the monitoring of day to day activities with responsibility delegated as appropriate.

## 11 Self-Evaluation, Monitoring and Review

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<p>NWFS is committed to the ongoing monitoring and periodic evaluation of its programmes and services with the objective of:</p> <ol style="list-style-type: none"> <li>Assessing the effectiveness of our policies and procedures in achieving a consistent and high-quality service in line with our organisation's aims and objectives.</li> <li>Ensuring we are meeting our commitments to and the requirements of our learners, external Stakeholders, awarding bodies and staff.</li> <li>Identifying opportunities for improvements.</li> </ol> <p>Internal monitoring and self-evaluation will involve learners (past and current) and other various stakeholders involved in our services and will involve formal and informal processes. We will also engage competent external evaluators to contribute to the process of self-evaluation to allow for objective and independent feedback on the effectiveness of our QAS, programmes and services. External evaluations will be carried out by individuals who are:</p> <ul style="list-style-type: none"> <li>Competent in the activity of self-evaluation.</li> <li>Independent of the activity or programme under evaluation to allow for objectivity and impartiality.</li> <li>Professional and systematic in their approach.</li> </ul> <p>Evaluations will be scheduled and carried out at an appropriate frequency. The results of self-evaluation including quality improvement plans will be published and submitted to the relevant awarding body.</p>			
<p><b>Purpose</b></p> <p>To provide a framework for a robust model of organisational monitoring and self-evaluation which meets the requirements for an evaluative QAS. Strengths and weaknesses will be identified which will facilitate a culture of continuous quality improvement.</p>			
<p><b>Scope</b></p> <p>This policy applies to all activities associated education and training focusing on the achievements of learners.</p>			
<p><b>Responsibility</b></p> <p>The board will have responsibility for reviewing self-evaluation reports and approving the quality improvement plan. The training manager will have responsibility for convening the self-evaluation panel and for appointing the self-evaluation coordinator for each evaluation event. The training manager will be responsible for the ongoing monitoring and review of all programmes and associated services. Responsibility will be delegated to all staff members as appropriate.</p>			

## 11.1 Provider owned Internal Review, Self-Evaluation and Monitoring

NWFS carries out a comprehensive and systematic range of monitoring and review activities of its organisational activities resulting in the continuous quality improvement of its programmes of education and training. The quality improvement plan is a live working document that is continuously updated and monitored by the Board, MD and TM.

## 11.2 Systematic Internal Monitoring

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
Purpose	To specify the method for conducting internal monitoring of programmes and services on a defined frequency.		
Responsibility	MD, TM, Administration, Trainer(s)		
Key Steps	<p>Internal monitoring plays a key role in making meaningful and beneficial improvements to our education and training provision. Summarised below are the main on-going internal monitoring activities – formal and informal – that inform the work of the self-evaluation panel and informs ongoing education and training practices. (Internal monitoring and review is further detailed throughout each area)</p> <ul style="list-style-type: none"> <li>• Ongoing Reviews – Ongoing reviews of programme content, teaching practices and assessment of learning achievements are carried out by the TM on an ad-hoc basis through informal discussion with trainers and learners. Any relevant observations or comments are recorded and presented to the MD.</li> <li>• Regular Meetings – Staff will meet daily, weekly, monthly, quarterly and annually formally and informally within their functional areas and cross functionally when required.</li> <li>• Staff Appraisal – All staff participate in an annual cycle of prospective and retrospective appraisal activities which enable them to identify their own development goals and allow management to become aware of any needs for improvement in performance.</li> <li>• Training Observation – Training standards are evaluated and any necessary remedial steps taken.</li> <li>• Programme Evaluation – Key programme parameters are measured to assess performance and identify areas for development.</li> <li>• Learner Feedback – Learner opinion and feedback is surveyed at the start, mid-point and end of their programme through informal conversation, formal meetings and evaluation forms etc.</li> <li>• Staff Feedback – Staff are encouraged to provide feedback on policies and practices, and any other area of concern or where it is felt beneficial changes could be made.</li> <li>• Other stakeholder Feedback – Stakeholders are encouraged to provide feedback.</li> <li>• Review of Documentation – Learner evaluation forms and training reports</li> </ul>		

	<p>are viewed mid and at the end of programmes.</p> <ul style="list-style-type: none"> <li>• Programme Reviews – Following each programme the TM will meet with the relevant trainer to review activities.</li> <li>• Internal Audits – The TM will schedule and carry out a range of internal audits on different aspects of activities throughout the year.</li> </ul>
<b>Records</b>	Record of Meetings, Internal and External Audit Reports, Learner Evaluation Forms, Trainer Reports, Annual Survey.

### 11.2.1 Internal Audits

<b>Document No.</b>		<b>Version:</b>	
<b>Date Approved</b>		<b>Approved By</b>	
<b>Next Review</b>		<b>Responsibility</b>	
<b>Purpose</b>	To specify the method for conducting internal quality audits of programmes and services.		
<b>Responsibility</b>	MD, TM, Administration, Trainer(s)		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Internal audits are carried out across each operational area at least once a year, but may be carried out at a greater frequency depending on requirements, the effectiveness of the process or any other issues deemed to be important.</li> <li>2. The frequency of audits can be adjusted depending on the results of previous audits, feedback, new processes or the importance of an identified issue.</li> <li>3. The internal audit schedule specifies the areas and or processes to be audited, the auditor, the audit criteria and scope of the audit. Areas specified in the schedule are audited against relevant documentation and standards (audit criteria).</li> <li>4. Stakeholder feedback will be gathered and evaluated during audits, this will include: <ul style="list-style-type: none"> <li>- Learner feedback gathered via evaluation forms and conversations.</li> <li>- Management and staff feedback and/or input gathered through meetings and/or discussions during the audit</li> <li>- Other stakeholder feedback gathered via reports, emails, surveys and other communications.</li> <li>- Previous audit reports and improvement plans.</li> </ul> </li> <li>5. The internal audit schedule is date controlled and approved by the MD.</li> <li>6. All auditors are independent of the area/process being audited.</li> <li>7. Where an issue is discovered it is recorded on the corrective action log. This log details the issue, where it occurred, the quality procedure which it contravenes, the corrective action and the person responsible for the corrective action. The corrective action should be agreed between the auditor, TM and the actioned person.</li> <li>8. A completion date is assigned to the corrective action and the person responsible signs the report to indicate acceptance of the corrective action. Corrective actions are checked at the end of each month by the TM to verify</li> </ol>		



	<p>completion.</p> <p>9. A summary internal audit report is completed by the auditor outlining any strengths and areas for improvement.</p> <p>10. Copies of internal audit reports together with any checklists or notes used by the auditor during the audit will be maintained.</p> <p>11. Where no issues are found in a particular area, a record is retained to signify that an audit has been carried out, i.e. an audit report must still be completed.</p> <p>12. The TM is responsible for ensuring that audits are carried out and that the findings are made known to the MD and the Board.</p> <p>13. Internal audit reports are to be maintained for a period of three years.</p>
<b>Records</b>	Audit Schedule, Audit Reports, Corrective Action Log, Quality Improvement Plan

### 11.3 Self-Evaluation, Improvement and Enhancement

<b>Document No.</b>		<b>Version:</b>	
<b>Date Approved</b>		<b>Approved By</b>	
<b>Next Review</b>		<b>Responsibility</b>	
<b>Purpose</b>	To review, evaluate and report on education and training activities and related services and the effectiveness of the QAS.		
<b>Responsibility</b>	MD, Self-Evaluation Panel, TM, Administrator		
<b>Key Steps</b>	<p><b>1. Scope and Frequency</b></p> <p>Self-evaluation of programmes and services will take place annually or as the awarding body directs. The frequency of evaluation may also take into account any changes in legislation or sectorial requirements. An evaluation may be carried out on an individual programme, or a group of related programmes. There may be a combined evaluation of all programmes across a number of awarding bodies (if applicable).</p> <p><b>2. Structure</b></p> <p>The accumulation of data from ongoing monitoring processes is a key input to the self-evaluation. Each evaluation will involve:</p> <ul style="list-style-type: none"> <li>• Engaging stakeholders.</li> <li>• Gathering credible evidence from a range of sources.</li> <li>• Drawing and justifying conclusions.</li> <li>• Making recommendations for improvement.</li> <li>• Ensuring the use and sharing of lessons learned.</li> <li>• Ensuring that programmes are relevant to learner needs.</li> <li>• Complying with all the requirements of the awarding body(s).</li> <li>• Contributing to the development of a culture of continuous quality improvement in which all participants are aware of their respective roles and actions are taken to address any weaknesses in the QAS.</li> </ul>		

	<p><b>3. Self-Evaluation Stages</b></p> <ol style="list-style-type: none"> <li>1. Planning and Preparation</li> <li>2. Complete Self-Evaluation Checklist</li> <li>3. Document all Evidence</li> <li>4. Self-Evaluation Review</li> <li>5. Prioritise Areas for Improvement</li> <li>6. Complete Improvement Plans</li> <li>7. Circulate finalised SE Report and Improvement Plans</li> <li>8. Implement Actions</li> </ol> <p><b>Roles and Responsibilities</b></p> <p>The TM will have responsibility for appointing members to the self-evaluation panel and for appointing the self-evaluation coordinator for each evaluation event.</p> <p><b>Self-Evaluation Coordinator Responsibilities</b></p> <p>A member of management will be assigned to coordinate the self-evaluation process. Their responsibilities will include the following:</p> <ol style="list-style-type: none"> <li>1. Planning and Preparation <ol style="list-style-type: none"> <li>a) Set an appropriate schedule and timeline.</li> <li>b) Inform the Self-Evaluation Panel members.</li> <li>c) Draw up the self-evaluation checklist.</li> <li>d) Ensure the self-evaluation checklist is completed in line with the schedule and timelines.</li> <li>e) Gather all other relevant evidence for review.</li> </ol> </li> <li>2. Post Review <ol style="list-style-type: none"> <li>a) Collate all information from panel review.</li> <li>b) Ensure that the self-evaluation report is complete and signed off.</li> <li>c) Ensure that the Improvement Plan is complete and signed off.</li> <li>d) Submit all relevant reports and plans to the relevant Stakeholders.</li> </ol> </li> </ol> <p><b>Outputs</b></p> <ol style="list-style-type: none"> <li>1. Self-Evaluation Report.</li> <li>2. Updated Quality Improvement Plan.</li> <li>3. Completed self-evaluation checklist.</li> <li>4. Updates to the QAS.</li> <li>5. Revised Documentation (as required).</li> </ol>
<b>Records</b>	SE Report, Quality Improvement Plan.

### 11.3.1 Selection of External Evaluator

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To describe the process of appointing an independent External Evaluator who has an understanding of evaluation procedures and methodologies, and an ability to contribute to the development and enhancement of the organisational education and training activities.		
<b>Responsibility</b>	MD, TM		
<b>Key Steps</b>	<ol style="list-style-type: none"> <li>1. Create criteria to assess and choose the most qualified evaluator.</li> <li>2. Compile and keep a current list of professional qualifications and relevant experiences of evaluators of various programmes, i.e. recommendations to add to pool already listed.</li> <li>3. Choose suitable candidate based on agreed criteria. Selection Criteria: <ul style="list-style-type: none"> <li>- Not involved with programme delivery.</li> <li>- Programme Knowledge, external to the organisation.</li> <li>- Broad subject matter expertise.</li> <li>- No current professional or business interest with the organisation.</li> </ul> <ul style="list-style-type: none"> <li>• Experienced in training and development processes.</li> <li>• Experienced in quality management systems.</li> </ul> </li> </ol>		
<b>Records</b>	External Evaluator Details		

### 11.3.2 Learner Involvement

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To ensure that information is collected from learners and that it is analysed and acted upon and used to inform improvements to education and training activities.		
<b>Responsibility</b>	MD, TM, Trainers, Administration		
<b>Key Steps</b>	<p>When appropriate the following methods will be considered:</p> <ul style="list-style-type: none"> <li>– Programme Representatives.</li> <li>– Representation on the Self-Evaluation Panel</li> <li>– Structured Feedback Sessions (group).</li> <li>– Informal Conversations (Individual and Group).</li> <li>– Questionnaires.</li> <li>– Surveys.</li> <li>– Feedback Forms.</li> </ul> <ol style="list-style-type: none"> <li>1. Mid-programme and end of programme feedback forms will be distributed and collected – hard copy or electronic.</li> <li>2. Feedback session with learner representative(s), if appropriate.</li> <li>3. An open-door policy will be in place for learners to approach any member of Staff to make recommendations or highlight areas of concern. (Documented in the programme report)</li> <li>4. Questions (formal and informal) and feedback forms will be structured to allow for quantitative and qualitative analysis. <ul style="list-style-type: none"> <li>– Short term feedback (daily and/or mid-programme) will be dealt with immediately and an action plan communicated to all learners via emails or verbally.</li> </ul> </li> <li>5. Learner feedback forms will be summarised following each programme.</li> <li>6. Programme reviews will be held to go discuss and analyse feedback and inform areas for improvement.</li> <li>7. Improvements identified will be included in the QIP.</li> </ol>		
<b>Records</b>	Emails, Mid-Programme Feedback Form, End of Programme Feedback Form, Record of Meetings, Trainer Programme Reports		

### 11.3.3 Management and Staff Involvement

Document No.		Version:	
Date Approved		Approved By	
Next Review		Responsibility	
<b>Purpose</b>	To describe how management and Staff are involved in the self-evaluation process		
<b>Responsibility</b>	MD, TM, Administration, Trainer(s)		
<b>Key Steps</b>	<ul style="list-style-type: none"> <li>• Management facilitate the formation of a self-evaluation panel and appoint a self-evaluation coordinator.</li> <li>• Engagement with an external evaluator.</li> <li>• Allocation of time, finance and personnel to the process.</li> <li>• Staff, group meetings and individual meetings.</li> <li>• Trainer reports.</li> <li>• Internal verification.</li> <li>• External Authentication.</li> </ul>		
<b>Records</b>	Record of Meetings, Trainer Reports, IV Report, EA Report		

## 11.4 Provider owned Quality Assurance Engages with External Quality Assurance

Reference section 10.1

## 12. North West Forest Services Register of Legislation

Applicable Requirement	Issued By	Application and Use	Region
Safety, Health and Welfare at Work Act 2005	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Construction) Regulations 2013	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Gen Application) Amendment (No 3) Regulations 2016. SI 370 of 2016	Oireachtas	Legislation/Compliance	Ireland
The Safety, Health and Welfare at Work (General Application) Regulations 2016 (SI 36/2016)	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (General Applications) (Amendment) (No2) Regulations 70 of 2016	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Chemical Agents) Regulations 2015	Oireachtas	Legislation/Compliance	Ireland
<b>Safety, Health And Welfare At Work (Carcinogens) Regulations 2015</b>	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Biological Agents) Regulations 2013	Oireachtas	Legislation/Compliance	Ireland
Safety, Health & Welfare at Work (Construction) Regulations : 2013	Oireachtas	Legislation/Compliance	Ireland

Safety, Health & Welfare at Work (General Applications) (Amendment) Regulations : 2012	Oireachtas	Legislation/Compliance	Ireland
<b>Applicable Requirement</b>	<b>Issued By</b>	<b>Application and Use</b>	<b>Region</b>
Safety, Health and Welfare at Work Act(Carcinogens) Regulations	Oireachtas	Legislation/Compliance	Ireland
Safety, Health & Welfare at Work (General Applications) Regulations : 2007	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Control Of Noise at Work) Regulations 2016	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Control Of Vibration at Work) Regulations 2006	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Construction) Regulations 2006 S.I 504	Oireachtas	Legislation/Compliance	Ireland
Safety, Health and Welfare at Work (Work at Height) Regulations 2006	Oireachtas	Legislation/Compliance	Ireland
Health & Safety at Work (NI) Order 1978	HSE	General Regulations	UK
Working At Height Regulations 2005	HSE	Working at Height Regs Working Platforms	UK
Control Of Substances Hazardous To Health Regulations 2005	HSE	Use Of Pesticides Regs	UK
Reporting Of Injuries, Diseases	HSE	Accident and Dangerous	UK

and Dangerous Occurrences (NI) 1997 RIDDOR		Reporting Regs	
Electricity Supply Regulations (NI) 1991	HSE	Electricity Supply Regs	UK
<b>Applicable Requirement</b>	<b>Issued By</b>	<b>Application and Use</b>	<b>Region</b>
Construction (Design & Management) Regulations 2007	HSE	Design and management of construction projects	UK
Health & Safety (First Aid) regulations 1982	HSE	First Aid Approved code of practice	UK
Lifting Operations and Lifting Equipment Regulations 1999	HSE	LOLER lifting operations	UK
Provision and Use of Work Equipment Regulations 1999	HSE	PUWER regulations for work equipment	UK
The Road and Street Works Act 1995	HSE	Hazardous substance regulations	UK