Licence to Control (Bronze Award)

**Provider Self-Assessment Report**

March 2019

**1) What is provider approval?**

The Energy & Utility Skills Provider Approval service is a mechanism for ensuring learning and assessment providers meet the required quality standard for the Energy and Utility Skills Sector. The Provider Approval process is designed to ensure all training providers within the sector have met a threshold level of good quality as a provider of training, offering the necessary reassurances to employers that this brings.

The Provider Approval process is predominantly a self-auditing process, designed to take account of and build on any existing quality standards that Providers may already have. If providers have Good or Outstanding OFSTED ratings, ISO certifications or other quality related certification or achievements, the Provider Approvals process will take these into account and use them as evidence of quality against key aspects of the approvals criteria. The Quality Framework (QF) process is designed to reward and recognise the achievement of any independent, external marker of quality and will recognise and reward those that have them.

## 2) Who can seek approval?

Anyone who delivers learning and/or assessment would benefit from going through the approval service. Whether you are an independent training provider or college, or an organisation who delivers in house, the approval process will support you in your growth and provide you with the support to develop your offer in line with current best practice thinking.

**3) Water companies seeking provider approval for Licence to Control programmes**

There are two options for water companies seeking provider approval against the Energy & Utility Skills Quality Framework:

Where a water company has successfully been through the Competent Operator (COS) process and is seeking organisational approval to deliver a Licence to Control programme, that would have already been largely addressed by the requirements audited through COS, then the water company is **not** required to satisfy the standard organisational evidence requirements for approval (in column titled ‘standard evidence requirements’ below) and, instead, must answer and evidence the 7 questions identified in the ‘key remaining approval questions’ column below.

In addition, to ensure that the organisation is itself satisfied that it has **all** the requirements of the Quality Framework in place, the water company is required to complete and sign a Memorandum of Understanding (MoU) (see Appendix 1 below) and return this as a part of their submission.

Where a water company has successfully been through the Competent Operator (COS) process, but is seeking organisational approval to deliver a Licence to Control programme that would **not** have already been addressed by the requirements audited through COS, then the water company is required to satisfy the standard organisational evidence requirements for approval (in column titled ‘standard evidence requirements’ below).

**4) Approved provider process**

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| **Express interest** | **Guidance** | | **Self-assessment** | **Review** | **Site visit** | **Approval** |
| Provider expresses interestin seeking approval against Quality Framework | Guidance and support provided by Energy & Utility Skills where required | | Provider completes Self-Assessmentand submits to the Quality Team together with a payment | Review of self-assessment completed by Energy & Utility Skills  The Quality Team issues a report to the provider  Site visit arranged | Site visit conducted  Recommended actions issued  Final outcome confirmed and communicated | Approval granted  Certification arranged  Product requirements progressed |
| **Timeline:** | | Quality Team issues report within 2 weeks  Provider granted 2 weeks to review and respond | | | Recommended actions to be reviewed within 12 months | Certificate issued within 2 weeks of approval |

**5) Requirements for provider approval**

Please complete the provider approval self-assessment using the table below.

Where you are seeking provider approval to deliver a Licence to Control programme, and this has already been largely addressed through meeting the COS requirements, then please answer the 7 questions **only** in the ‘Key remaining approval questions’ column. For each of the 7 questions, please indicate your responses and any related evidence you have provided. Please clearly state the location of any items of evidence (ie appendices) you have available to support your responses.

Where you are seeking provider approval to deliver a Licence to Control programme, and this has **not** already been addressed through meeting the COS requirements, then please address the requirements identified in the ‘Standard evidence requirements’ column. For each of the requirements, please indicate your responses and any related evidence you have provided. Please clearly state the location of any items of evidence (ie appendices) you have available to support your responses.

It is important that you are as rigorous as possible when making your self-assessment decisions; thorough and honest evaluation assists greatly with the process of self-development and on-going improvements in quality of provision. Where there may be gaps in your ability to meet the requirements, then you should identify this and any steps you are taking to address this.

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| **1. Organisational Leadership** | **Standard evidence requirements** | **Items not covered by COS process** | **Key remaining approval questions** | **Evidence to the criteria** |
| 1.1 Authoritative point of contact | * Named primary point of contact with full contact details * Named individual is authorised to provide evidence to support the continued provider and / or scheme / programme approval | There are a few Quality Framework (QF) detailed requirements within the Organisational Leadership section that are unlikely to feature within a COS Submission. These include:   * Learner and Staff Welfare Policy * Safeguarding and anti-radicalisation Process * Conflict of Interest Policy * Reasonable Adjustments/Special Considerations * Appeals and Complaints Procedures * Whistleblowing Policy * Insurance Certificates   It may be necessary to request more information on these specific aspects to complete the review process.  The highlighted bullet points are not listed as specific requirements of the COS scheme, but it is recognised that many companies will operate to Policies that incorporate some, or all these aspects.  It’s likely that any provider organisation (either existing or aspirant) will have a “learner centred” policy document that would cover all these aspects. | **Q1) What policies are operated by your organisation which address these requirements?**   * Learner and Staff Welfare Policy * Safeguarding and anti-radicalisation Process * Conflict of Interest Policy * Appeals and Complaints Procedures * Whistleblowing Policy |  |
| 1.2 Staff knowledge and skills | * Annual appraisal and personal development plans are in place for staff involved in programme development, delivery, assessment and internal quality assurance (IQA) * Continued Professional Development (CPD) is maintained and encouraged to ensure staff knowledge and skills remain current and relevant * Induction plans are developed for new staff * Training, moderation and standardisation activities occur on a regular basis; output is recorded eg meeting minutes and action points |
| 1.3: Roles and responsibilities | * Current and appropriate job descriptions are in place which detail roles and responsibilities for those involved in programme development, delivery, assessment and IQA * All staff involved in programme development, delivery, assessment and IQA have the required occupational competence, experience and / or qualifications; CVs are available for each member of staff * Staff handbooks and updates * Procedures are in place to ensure effective communication systems between all levels of staff and at different locations |
| 1.4 Policies and processes | Documented policies and / or processes are in place for:   * Health and Safety (including risk assessment such as, Fire Safety, First Aid, CoSHH, RIDDOR) * Learner and staff welfare * Safeguarding and anti-radicalisation duty of care * Conflict of Interest * Equality and Diversity * Reasonable Adjustments & Special Considerations * Malpractice and maladministration * Appeals * Complaints * Data protection * Information Commissioners Office registration (if appropriate) * Whistleblowing * Invigilation * Insurances (Public liability and / or professional indemnity) |

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| **2. Monitoring** | **Evidence requirements** | **Items not covered by COS process** | **Key remaining approval questions** | **Evidence to the criteria** |
| 2.1 Satisfaction monitoring | * Mechanisms are in place to gather, monitor and measure satisfaction levels on an on-going basis * Feedback from customers and individuals informs activities such as programme development, delivery, assessment and IQA * Feedback is used to evaluate the quality and effectiveness against stated aims and policies | There are several aspects that may require the provision of additional specific information, including:   * Examples of Support Materials * Statistical Data analysis process * Feedback monitoring and measuring processes | Q2) How do you ensure that individuals are satisfied with their learning?  **Q3) How are potential improvements to support materials and resources identified and implemented?**  **Q4) Do you use statistical data to monitor the quality of support materials and resources over time?** |  |
| 2.2 Delivery and assessment | * IQA sampling plans are in place for each approved scheme or programme * IQAs support standardisation and / or moderation of delivery and assessment through observation * IQA reports – with feedback – are completed and communicated * Actions identified through on-going monitoring by external quality assurance audits is disseminated to appropriate staff; corrective measures are implemented |
| 2.3 Support materials and resources | * Statistical data and analysis is used to evaluate the quality and performance of support materials and resources. * Records of meetings, eg agendas and meeting notes, are maintained that can demonstrate on-going evaluation of support materials and resources * Staff updates, training and standardisation activities are used to support monitoring and evaluation of support materials and resources |

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| **3. Legislation** | **Evidence requirements** | **Items not covered by COS process** | **Key remaining approval questions** | **Evidence to the criteria** |
| 3.1 Data Protection | * Policies and processes are in place to support compliance with all data protection regulations * Defined processes in place relating to collection, storage and retrieval of personal data * Registration with the Information Commissioners Office (where appropriate) * Requirements are communicated to all staff – and any agents or subcontractors * Appropriate signed declarations are in place eg individuals * Security and access arrangements | Overall, it is reasonable to assume that a successful COS submission would include enough information to infer compliance with the QF, maybe with supplementary information provided on the following topics:   * Security and access arrangements * Welfare Policy and Procedures | **Q5) How is data about individuals kept secure and accessed?** |  |
| 3.2 Equality and Diversity | * Activities relating to reasonable adjustments and / or special considerations; records of such activities are maintained * Requirements are communicated to all staff – and any agents or sub-contractors |
| 3.3 Health and Safety | * Policies and processes are in in place to support compliance with H&S legislation, regulations and codes of conduct * Risk assessment is in place to safeguard individuals, staff and visitors * A health and safety and welfare process is in place to support individuals, a safe environment, facilities and equipment |

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| **4. Programme design, development and delivery** | **Evidence requirements** | **Items not covered by COS process** | **Key remaining approval questions** | **Evidence to the criteria** |
| 4.1 Adequate resource | * Resource planning is in place for those involved in programme development, delivery, assessment and IQA * support materials and resources are included in resource planning * Equipment and facilities – including appropriate rooms or buildings for delivery and assessment – are included in resource planning | Specific topics likely to require supplementary information to meet the QF requirements are:   * Information on equipment and facilities * Policy on dealing with different learning styles | **Q6) What equipment/facilities support the learning/assessment individuals undertake?**  **Q7) How do you address the needs of learners with differing learning styles?** |  |
| 4.2 Supporting the individual throughout the learning journey | * Joining instructions are clear and detailed so that individuals know what to expect * Programme information is made available to individuals at start of the learning journey * Information is gathered on individual specific needs or requirements prior to the start of the learning journey * Reasonable adjustments and special considerations are in place where appropriate; records are maintained for all reasonable adjustments and special considerations |
| 4.3 Standardised approach | * There is a standardised approach to programme development; development proposals for programmes demonstrate standardisation is considered * Version control is in use * Standardisation activities take place and records (eg agendas, meeting minutes and action points) are maintained * Lesson plans and / or schemes of work and / or course overviews are standardised |
| 4.4 Assessment | * Assessment strategies and plans are mapped to the programme aims and objectives * Assessment strategies and plans are mapped to the relevant standards * A range of assessment methods are used and are appropriate to the programme and / or individual * Assessment processes are clearly documented |
| 4.5 Delivery | * A variety of delivery methods are used and are appropriate to the programme and / or individual * Consideration is given to the differing learning styles of individuals * External Quality Assurance visit reports are circulated to delivery and assessment teams |
| 4.6 Information, advice and guidance | * Information, advice and guidance is made available to all individuals – current and potential * Marketing materials are up to date and accurate * Course overviews made available include any prerequisites and / or requirements * Requirements for registration (on the programme and on EUSR) are communicated to individuals * Initial assessments are carried out (for longer programmes) * Individual learning plans and / or records are in place and reviewed regularly * Learner handbooks are in place (for longer programmes) * Progression of individuals is tracked (for longer programmes) |
| 4.7 Internal quality assurance (IQA) | * Appropriate IQA strategies and sampling plans are in place * IQA processes are clearly documented * Records of IQA are maintained * Adequate time is allocated to allow for IQA to take place |

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## 6) Determination of overall grade

The table below indicates the level that we believe we are operating at, as an organisation, in each of the four Provider Approval sections.

|  |  |  |
| --- | --- | --- |
|  | Approved | Approved with actions |
| 1. Organisational Leadership |  |  |
| 1. Monitoring |  |  |
| 1. Legislation |  |  |
| 1. Programme design, development and delivery |  |  |

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## 7) Director declaration

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| --- | --- | --- | --- |
| I confirm that **[XXXXXXX]** has conducted a thorough, honest and robust self-assessment exercise of our training organisation/division against the criteria within the Quality Framework. The information submitted is complete and is a fair reflection of daily working practices.  I understand that EU Skills reserves the right to seek further verification of the evidence described as part of the application and ongoing monitoring process in order to preserve the integrity of the provider approval process, and understand that any inconsistencies and suspected deception may put the company/department’s approval status at risk. | | | |
| Director Name |  | | |
| Company Name |  | | |
| Telephone no |  | | |
| Email address |  | | |
| Signature |  | Date | Click here to enter text. |

## Appendix 1 – Memorandum of Understanding (MoU) to be completed by water companies using COS for the purposes of provider approval

To Carole Bishop  
Head of Registration Services

Energy & Utility Skills Limited

Friars Gate

1011 Stratford Road

Shirley

West Midlands

B90 4BN

[Date]

**Using Competent Operator scheme accreditation to meet the Energy & Utility Skills Provider Quality Framework requirements**

The Competent Operator scheme requirements have been mapped against the requirements of the Quality Framework. This has resulted in the coverage identified in Section 5 of the Provider Approval Self-Assessment document, with any outstanding criteria, requiring additional information from the water company clearly identified.  These outstanding criteria will need to be satisfied through the usual provider approval process.

As a number of those requirements of the Quality Framework covered by Competent Operator requirements are covered on the basis of reasonable inference, then a Memorandum of Understanding (MoU) is required to ensure that each water company has reviewed its own compliance with the Quality Framework requirements and is satisfied that it meets these requirements in full.

Please complete the declaration below to confirm this.

Declaration

For those requirements of the Energy & Utility Skills Quality Framework other than the ones identified as outstanding (and met through compliance with Section 5 of the Provider Approval Self-Assessment document), I confirm that [company name] meets these requirements through its certificated Competent Operator Scheme.

**[Authorised Signatory]**

**On behalf of [Company Name]**

Energy & Utility Skills

W: www.euskills.co.uk

T: 0845 077 99 22

E: quality@euskills.co.uk