



**HPass**

# **Quality Manual**

How to make an application to  
become an HPass Approved Provider

How to use the self-evaluation tool

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**2019 Edition**

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**Applicant** – a learning or assessment provider that is using the Humanitarian Learning Standards (Learning Standards) and/or the Standards for the Assessment of Humanitarian Competencies (Assessment Standards) and seeks approval that its systems are effective and that the Standards are being met.

**Appropriate** – suitable or proper in the circumstances

**Approval** – the right to use methods of acknowledgement authorised by the approval organisation that the Standards have been met (for example badges; logos; certificates)

**Approval organisation** – the organisation with responsibility for the QAM and that has responsibility for making approval decisions

**Approval** – a check carried out by the approval organisation, independent of the applicant and the parties that rely on approval

**Approval Committee** – a group of people appointed by the approval organisation to review Quality Reviewers' recommendations and make the final decision on approval / non-approval

**Assessment providers** – organisations, companies, departments, groups, institutes providing competency assessment services to anyone involved in humanitarian action

**Assessment services** – services offered to individuals for their competencies, knowledge, skills and attitudes to be recognised

**Candidates** – people who are participating in an assessment of their competencies

**Discrimination** – the unjust or prejudicial treatment of different categories of people

**HPass Approved Provider** – a learning or assessment provider that has been externally validated and verified as being compliant with the Standards.

**Humanitarian action** – action taken with the objectives of saving lives, alleviating suffering and maintaining human dignity during and in the aftermath of crises and natural disasters, as well as action to prevent and strengthen preparedness for them<sup>1</sup>

**Impartiality** – presence of objectivity

**Key Actions** – actions to be taken by learning or assessment providers to achieve the standards

**Learners** – people who are participating in a learning programme for example NGO staff and volunteers, government staff, community members

**Learning providers** – organisations, companies, departments, groups and institutes providing learning services to anyone involved in humanitarian action

**Learning services** – services offered to individuals and organisations to build competencies, knowledge, skills and attitudes

**Observer** – person who accompanies the Quality Reviewer but who does not make recommendations

**Quality** – the standard of something as measured against other things of a similar kind; the degree of excellence of something.

**Quality Reviewer** – person who performs an external review of processes and systems.

**Quality Reviewer team leader** – the person who gives guidance, instruction, direction and leadership to Quality Reviewers to achieve standardised and accurate outcomes

**Quality assurance** – the ongoing maintenance of a desired level of quality in the provision of learning or assessment services by attention to every stage of the process of delivery of the learning or assessment service.

**Quality control** – a procedure or set of procedures intended to ensure that learning and assessment services have adhered to a defined set of quality criteria.

**Quality manual** – the associated document stating intentions for operating the QAM

**Quality assurance mechanisms (QAM)** – processes to assure the quality of the learning or assessment provider against the standards

**Remote review** – a review that is carried out either by electronic information gathering or at a site that is remote from the organisation's premises or a combination of both.

**Resources** – money, materials, staff, and other assets that can be drawn on by a person or organisation to function

**Review** – a formal assessment of something that can result in change, if necessary

**Risk based approach** – methodology that allows activities to be prioritised based on an analysis of data

**Standards** – (documents that provide) requirements, specifications, guidelines or characteristics that can be used consistently to ensure that materials, products, processes and services are fit for their purpose<sup>2</sup>

**Suggested evidence** – ways of demonstrating how Key Actions are met in practice.

**Review programme** – the procedures a Quality Reviewer will follow to validate that the learning and/or assessment provider is meeting the Standards

<sup>1</sup> Adapted from ALNAP's Evaluation of Humanitarian Action Guide, 2016, p.369

<sup>2</sup> ISO definition <https://www.iso.org/standards.html>.

# 1

## Scope

**You can use the Standards and quality tools without any external involvement. However, HPass offers you the opportunity to receive a quality review of your organisation.**

Quality Assurance Mechanisms (QAM) have been developed to ensure that the Humanitarian Learning Standards (Learning Standards) and the Standards for the Assessment of Humanitarian Competencies (Assessment Standards), are used appropriately and consistently by providers of humanitarian learning and assessment services. The overall aim of the QAM is to support learning and assessment providers and to ensure that the Standards are maintained.

The QAM include;

- An Assessment Standards self-evaluation tool
- A Learning Standards self-evaluation tool
- This Quality Manual
- A Quality Reviewer's Handbook
- A Quality Reviewer's report and action plan
- An Approval Committee
- A quality review cycle

You can use the Standards and quality tools without any external involvement. However, HPass offers you the opportunity to receive a quality review of your organisation. This will give an external, standardised, quality validation of your provision of learning and/or assessment services. This will prove that your organisation is fulfilling the requirements of the Key Actions of the Standards and can lead to HPass Approved Provider status.



### Scope of HPass Approved Provider status

HPass Approved Provider status will be recognition that your organisation is;

- Providing services that conform to the requirements of the Standards
- Consistently achieving your objectives related to learning and / or assessment provision
- Effectively taking the Key Actions associated with each Standard

There are 3 main reasons why HPass Approved Provider is of value. It will give;

1. Greater public confidence and trust in your organisation from;
  - a. People and organisations using the services of learning and assessment providers for humanitarian action
  - b. Organisations operating in the humanitarian sector including government authorities, the United Nations, Red Cross movement, non-governmental organisations (NGOs)
  - c. Beneficiaries and other members of the public
2. The opportunity to issue badges for your learners and/or candidates that are endorsed to show they are issued by an HPass Approved learning or assessment provider.
3. The opportunity to improve the quality of your systems and processes.

This Quality Manual will lead you through the stages and requirements of the quality review and help you to make a decision about whether you want to apply for HPass Approved Provider status.

The Quality Manual should be read with the Humanitarian Learning Standards (Learning Standards) and the Standards for the Assessment of Humanitarian Competencies (Assessment Standards). The Standards have associated handbooks which give information about how to use the Standards when delivering learning and/or assessment services.

This Quality Manual is a guide about;

- How to make a self-evaluation against the Standards
- How to use the self-evaluation tool
- How to apply for HPass Approved Provider status
- What is involved in an external quality review
- How to achieve a successful outcome from the review process
- The cycle of quality review.

Even if you decide not to receive a review, the guidance and tools provided in this Quality Manual will give alternative or additional ways of achieving good results. You can use this Quality Manual without applying for HPass Approval.

Assumptions to inspire confidence

When considering applications for HPass Approved Provider status, HPass will act with;

- Impartiality
- Competence
- Responsibility
- Openness
- Confidentiality

For information about complaints and appeals, see Appendix 3.

Further information about these assumptions are in Appendix 1.



**HPass Approved Provider is a quality mark that can add value to badges**

.....  
**How to achieve HPass Approved Provider status**

HPass Members and HPass Recruiters (see HPass web site) can apply for HPass Approval.

Stages in Approval.

1. Obtain and read the Standards.
2. Use the self-evaluation tools to assess where you are now against the Standard(s) and make action plans as necessary
3. Make an application for HPass Approval
4. A Quality Reviewer will review the self-evaluation you have made and the associated evidence and make a recommendation about the Approved status.
5. The Approval Committee will review the Quality Reviewer's recommendation and decide either to grant HPass Approval or provide you with an action plan.



# 2

## The Standards



The Standards have been built by extensive consultation with organisations and individuals across the globe. There are summary leaflets and comprehensive handbooks associated with each Standard that give further information about how the Standards were arrived at. The HPass web site and these documents will help you to understand the Key Actions included in the Standards and how they apply to your organisation.

The Key Actions in the Standards are the link with the QAM. Your Quality Reviewer will evaluate the evidence that you have that you are taking the Key Actions.



# 3

## Use of the Self-Evaluation Tool



There are two self-evaluation tools;

- a) A self-evaluation tool for the Learning Standards
- b) A self-evaluation tool for the Assessment Standards

The methodology is the same for both tools. They provide you with the opportunity to decide what you are doing now in relation to each of the Key Actions.

The tools are self-evaluation tools and will build into the Quality Reviewer's report, if required.

# 3.1

## Which self-evaluation tool?

Decide against which Standard you are going to self-evaluate.

Open the appropriate self-evaluation tool and you will see a Guidance tab. The format of this is the same for both Standards but the content will be different.

INTRODUCTION – WHAT AND WHY

Humanitarian Learning Standards describe what learning providers need to do to meet the overall commitment that those involved in humanitarian action will have access to high-quality learning programmes that will allow them to work more effectively.

An important part of quality is reflecting on what is being done now and making change or improvement when necessary. This self-evaluation tool is part of that reflection process and is a place for you to record the evidence that shows how you are meeting each of the 8 Learning Standards. It requires you to look at what you do well, and what you might want to improve. This will identify any gaps and allow you to make an action plan to address those gaps.

The self-evaluation is part of the Quality Assurance Mechanisms that surround the Standards. If you decide to apply for 'HPass Approved Provider' status, the form will be the starting point for the review.

Completion of the self-evaluation should not be a one person exercise. It should require input from across the organisation. Representation from across the organisation is an opportunity to share and learn from your good practice.

TERMINOLOGY

**Key Action** There are eight Learning Standards, each with associated Key Actions. Key Actions are what you need to do to, to ensure that your learning services are meeting the Standards. Self evaluation is the process to check whether you are taking these Key Actions or whether change or development are required. To achieve HPass Approved Provider status you must perform and have evidence to prove that you are taking all of the Key Actions.

**Suggested Evidence** In the Handbook for the Learning Standards, there are suggestions about the types of evidence that you may have that will show that you are taking the Key Actions. Examples of evidence are listed alongside each Key Action. These are suggestions only. You can list other evidence that is more appropriate for your organisation as long as it demonstrates you are taking the Key Action.

A full glossary is available in the Learning Standards Handbook.

THE SELF EVALUATION TOOL EXPLAINED:

GUIDANCE | L1. ANALYSIS | L2. DESIGN | L3. DELIVERY | L4. ASSESSMENT | L5. RESOURCES | L6. COMMUNICATION

STRUCTURE OF THE LEARNING STANDARDS

Learning Standards

- 1. Analysis
  - Key Action 1.1
  - Key Action 1.2
  - Key Action 1.3
  - Key Action 1.4
  - Key Action 1.5
- 2. Design
- 3. Delivery
- 4. Assessment
- 5. Resources
- 6. Communication
- 7. Administration

Suggested Evidence

There is an introduction to the terminology used and an outline of the structure of the Standards. This is the starting point for your self-evaluation.

The next tabs relate to each Standards (8 tabs for the Learning Standards and 7 tabs for the Assessment Standards). Each tab has the same format.

Some of the Standards are shared for example Communication. The Key Actions will have a different emphasis for the different Standards. However, you may have the same piece of evidence that can be used in different ways for different parts of the Standards. Appendix 2 gives more information about building a portfolio of quality evidence.

We will use the Learning Standards and the first Standard – Analysis as the example.



# 3.2

## The Standards Tabs

Click on the L1 Analysis tab and you will see;

STANDARD 1: ANALYSIS: RELEVANT LEARNING NEEDS ARE IDENTIFIED AND PRIORITISED													
<b>OVERALL GUIDANCE</b>	<b>CLICK TO NAVIGATE TO A KEY ACTION IN THIS STANDARD</b>												
<p>The purpose of a learning needs analysis is to make sure the learning programmes you offer address the knowledge, skills and attitudes that people need to effectively implement humanitarian action.</p> <p>When analysing learning needs you should adopt an approach that allows you to become increasingly detailed and specific.</p> <p>First, you need an understanding of wide-spread trends in learning needs: this involves understanding what types of emergencies are happening, the impact emergencies are having, and the actions being taken as a result; what people need to know and do in this context to engage effectively; and how effective they are. This will help you to broadly identify humanitarian learning needs.</p> <p>Once you understand these broad trends in humanitarian learning needs, you can decide which of these you will address and who your target learners will be. You can then conduct a more detailed learning needs analysis on a more specific topic or amongst a more restricted group of learners. This analysis will help you to identify which competencies, as well as the knowledge, skills and attitudes, your target learners need to develop.</p> <p>Having identified broad and then more specific learning needs, the final stage is analysing the characteristics of your target learners because these shape the ways in which they learn. You need to understand these characteristics so that your learners can actively participate in and benefit from your</p>	<table border="1"> <thead> <tr> <th>Key Action No.</th> <th>Key Action</th> </tr> </thead> <tbody> <tr> <td>1.1</td> <td>Periodically identify humanitarian learning needs using evidence</td> </tr> <tr> <td>1.2</td> <td>Prioritise which learning needs to address</td> </tr> <tr> <td>1.3</td> <td>Identify competencies that need to be developed using relevant competency frameworks when</td> </tr> <tr> <td>1.4</td> <td>Analyse target learners' existing competencies to identify gaps</td> </tr> <tr> <td>1.5</td> <td>Analyse target learners' characteristics, learning preferences and requirements</td> </tr> </tbody> </table>	Key Action No.	Key Action	1.1	Periodically identify humanitarian learning needs using evidence	1.2	Prioritise which learning needs to address	1.3	Identify competencies that need to be developed using relevant competency frameworks when	1.4	Analyse target learners' existing competencies to identify gaps	1.5	Analyse target learners' characteristics, learning preferences and requirements
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1.4	Analyse target learners' existing competencies to identify gaps												
1.5	Analyse target learners' characteristics, learning preferences and requirements												

At the top of the page is 'Overall Guidance'. This text has been taken from the Handbook.

On the right-hand side, you will see a grey shaded box that allows you to use hyperlinks to navigate quickly to a key action in the standard.

If you scroll down you will see the 5 Key Actions relevant to the Learning Standard – Analysis. Each key action has a table with columns.

KEY ACTIONS RELEVANT TO STANDARD 1			
1.1 Periodically identify humanitarian learning needs using evidence			
GUIDANCE OVERVIEW			
Contributor	How do we do this now?	List the evidence we have	Does this evidence need updating?
Name 1			
Name 2			
Name 3			
Name 4			
Name 5			
Name 6			
Name 7			
Name 8			

Use these tables to make an honest evaluation of the actions you are taking. Make it clear where change is required.

Contributor	How do we do this now?	List the evidence that we have	Does this evidence need updating?
It is expected that self-evaluation will be made by more than one person. Colleagues should be consulted to gather evidence of how (or if) Key Actions are being taken.	This is your opportunity to think about your current practice and write down what you do. It may be that you are not taking the key action or that you could do more. If so an action plan will be required.	<p>This is the evidence that proves you do what you have described in the previous column. It may be documents; processes or evidence of research.</p> <p>If the evidence is not documented, what would happen if the person(s) with the knowledge in their head(s) were to leave the organisation suddenly? Processes that are not documented are not good practice. You will need to decide whether there is enough hard evidence to prove that the key action is being taken. If not, then an action plan will be required.</p>	When was the evidence compiled? Is it valid and recent? A 'Yes' decision will need an action plan.

Diagram 1. Guidance notes of how to complete the table.

If you are not sure what evidence may be required, underneath the table is a list of suggested evidence.

You may be able to demonstrate this key action using some of the following suggested evidence:	
• A nominated role or team in your organisation responsible for learning needs analysis	
• A documented humanitarian learning needs analysis process	
• Digital records of how to have been used to inform learning provision for example, in a proposal, need or training outline	
• Humanitarian learning needs analysis documents that:	
a. A member of the humanitarian context	
b. IDENTIFIED CURRENT gaps	
c. Identified existing learning provision and resources that are already available	
d. Learning needs	
e. The learning provision: how specifically to address the identified learning needs that have been identified	
• Collection analysis and synthesis of qualitative and quantitative data from primary and secondary sources	
• Records and updates of related research, evaluation needs, programme documentation, strategy and operational plans	
• Minutes of focus group or other meetings	
• Identified constraints	
• A schedule of regular review to monitor changes in target learners' group, or humanitarian action or knowledge needed in humanitarian situations	
• Records of interaction with organisations or target learners	
• Strategies for learning needs analysis	
• Survey results	

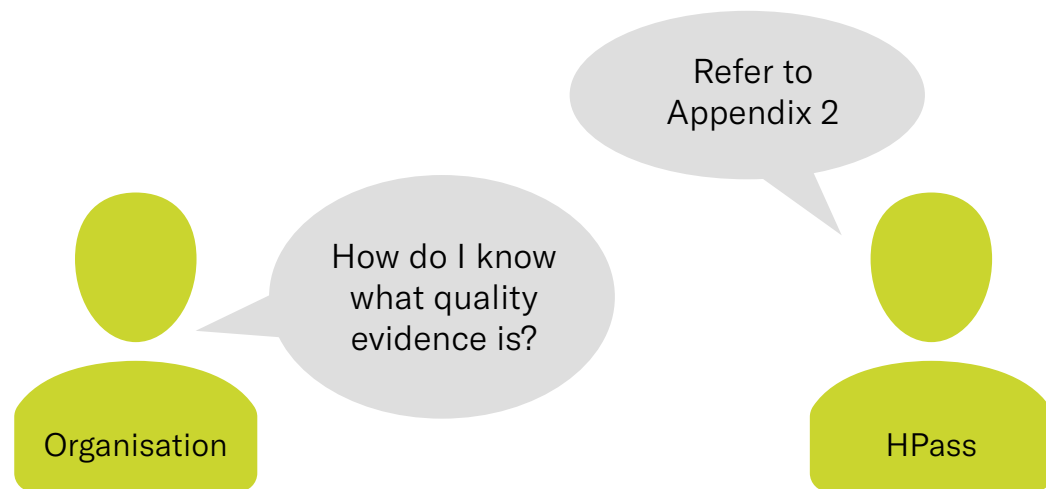
This list and further guidance and ideas about how you can evidence the Key Actions are given in the Standards These are only suggestions for the type of evidence that you may have in your organisation. It is perfectly acceptable to have evidence that is not listed but which shows you are taking the key action in the context of your organisation.



Appendix 2 gives advice and guidance on building a portfolio of quality evidence.

Contributor	How do we do this now?	List the evidence that we have	Does this evidence need updating?
N. Other	I am allocated to read articles and research key trends in humanitarian response. I hold conversations with humanitarian organisations. I attended a local conference on humanitarian response.	Notes taken from recent editions of HPN and ALNAP publications including 'The State of the Humanitarian Sector'.  Minutes and notes from meetings where outcomes from conversations with other humanitarian organisations.  Records of notes and actions from meeting held to update colleagues after the local conference.	We need to ensure that the research is regular and not 'ad hoc'.

Diagram 2 An example of a contribution to the self-evaluation for Learning Standard L1 Analysis Key action 1.1 Periodically identify humanitarian learning needs using evidence



# 3.3

## Action Planning

As you self-evaluate, you may find actions that you are not yet taking but that need to be taken. This is the opportunity to compile a SMART action plan. SMART is an acronym for the 5 elements that make up a quality action plan i.e. the plan should be;

1. Specific – clear about what you want to achieve and not ambiguous
2. Measurable – have a clear outcome that can be measured
3. Achievable- the target is agreed and reachable
4. Realistic – it is possible bearing in mind the amount of time and money available
5. Time-based – set deadlines and milestones to check progress and that the outcome is achievable in the time allowed.

You can use the table at the bottom of the sheet to compile a SMART action plan. Don't be afraid to make action plans. A quality organisation will control change through setting goals and using action plans.

ACTION PLAN If any of the above key actions are not being taken or if evidence is not sufficient, what action is to be taken?					
	ACTION TO BE TAKEN	BY WHOM?	BY WHEN?	DATE COMPLETED	Further Comments
1.1					
1.2					
1.3					
1.4					
1.5					

The action plan will provide a useful record for you to track actions that you want to take and allow you to allocate people to take responsibility for those actions.

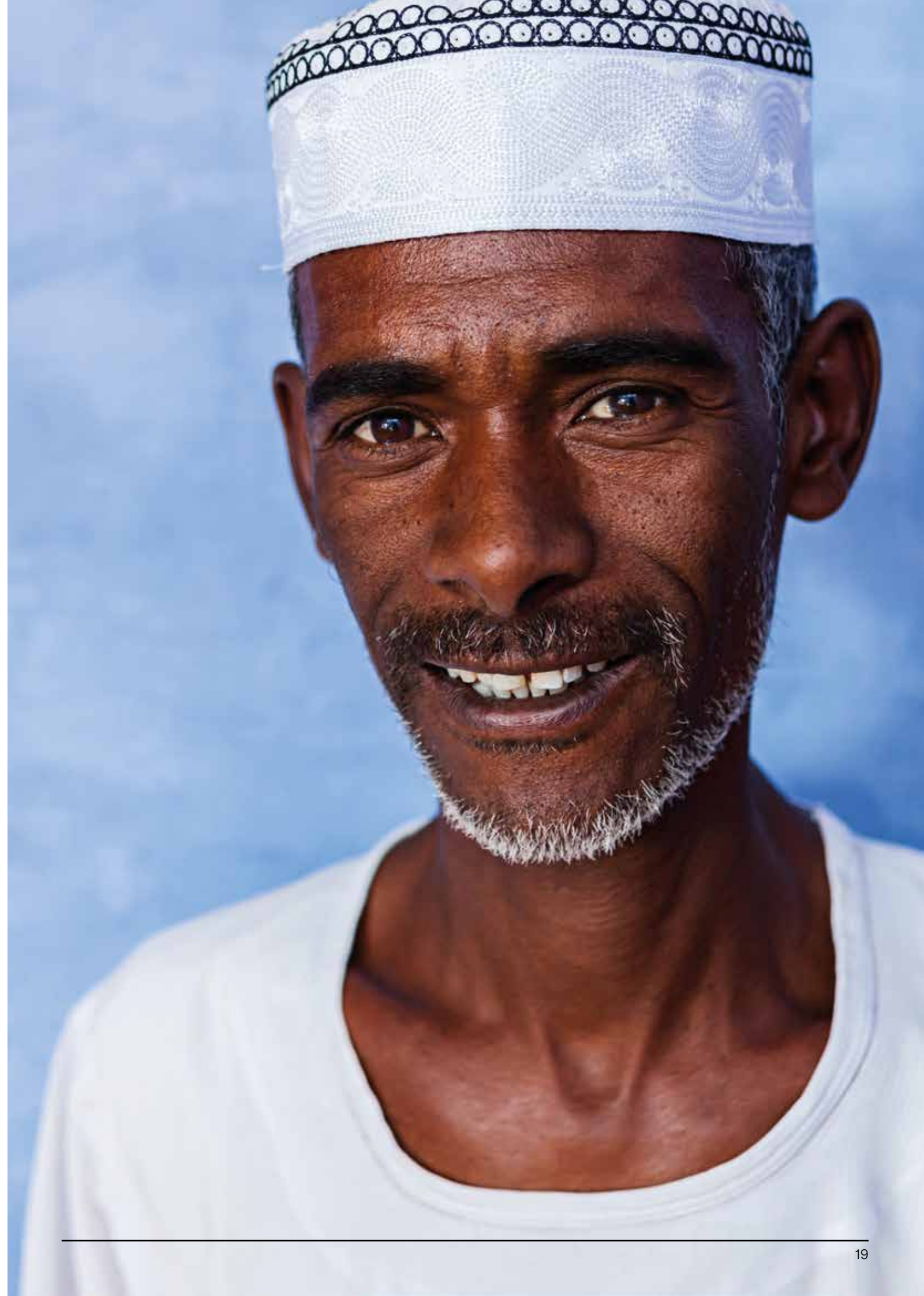
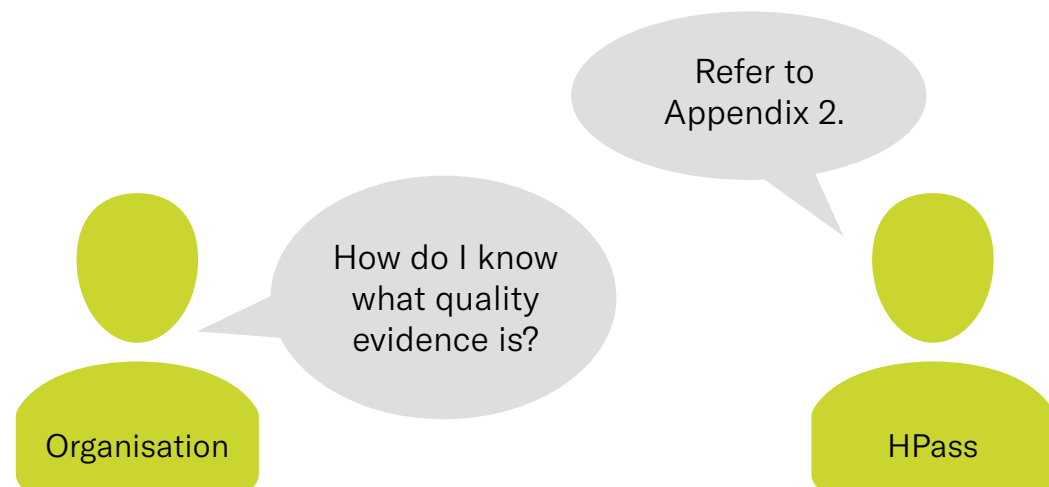
<b>ACTION PLAN If any of the above Key Actions are not being taken or if evidence is not enough, what action is to be taken?</b>			
Key action	ACTION TO BE TAKEN	BY WHOM	BY WHEN
1.1	This may be an action that you are currently taking but the evidence is in everyone's heads. The action may be to write down the process and to make sure that supporting documents exist and are up to date.	Allocate definite responsibility for taking the required action, to a person.	Progress should be monitored. These columns can be used to sign off the action when it has been completed.
1.2			
1.3			
1.4			

Diagram 3 Guidance about a SMART action plan

# 3.4

## Completing the self-evaluation

Complete the self-evaluation for all the Standards. If you decide to apply for HPass Approved Provider status, the completed self-evaluation tool will be part of your application. (See Section 5)



# 4

## An Example of the Use of the Assessment Standard Self-evaluation Tool

### Scenario

You are an Assessment and Learning Provider and are using the self-evaluation tool. You decide to look first at the Evaluation and Accountability Standard A7 in the Assessment Standards; L8 in the Learning Standards.

You have reached Key Action 7.3/8.3 Record and deal with concerns and complaints.

You hold a meeting with colleagues and refer to the list of suggested evidence in the self-evaluation tool and in the Handbooks.

### Suggested evidence

A7.3 / L8.3 Record and deal with concerns and complaints	<ul style="list-style-type: none"> <li>■ A communicated concerns/ complaints policy (for example in handbooks; web site; assessment materials; posters).</li> <li>■ Documented and time constrained concerns and complaints processes.</li> <li>■ Register of outcomes from concerns and complaints that lead into lessons learnt and improve services.</li> <li>■ A whistle blowing policy and procedure.</li> <li>■ A nominated role with authority to process concerns and complaints.</li> <li>■ Evidence that data is kept confidentially.</li> <li>■ Review trail to show resolution of complaints and concerns.</li> <li>■ Communications that raise awareness of how to make a complaint or raise a concern.</li> <li>■ Interviews with staff and candidates.</li> <li>■ Records of complaints and concerns are kept confidentially.</li> <li>■ Communications that raise awareness of how to make a complaint or raise a concern, for example posters; handbooks; letters.</li> <li>■ Concerns and complaints can be tracked and audited as resolved.</li> </ul>
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You realise that;

- You have a policy and forms for dealing with complaints but that they have not been updated for the last 3 years. Old copies are available in the administrative office, on the web site and in handbooks that are given to learners and candidates.
  - You realise that the policy does not give any indication of how long it will take for a complaint to be processed.
  - You have received 3 complaints over the past year but none of the people at the meeting are aware of whether they were resolved. You are not certain who has responsibility for handling complaints.
  - Your organisation does not have a whistle blowing policy.
- You recognise that if the above points are addressed, then quality will be improved. An action plan is completed;

<b>ACTION PLAN If any of the above Key Actions are not being taken or if evidence is not enough, what action is to be taken?</b>			
<b>Key action</b>	<b>ACTION TO BE TAKEN</b>	<b>BY WHOM</b>	<b>BY WHEN AND DATE COMPLETED</b>
7.3	Allocate a role with responsibility for handling complaints	Senior Management	
7.3	Decide upon appropriate time periods for processing and resolving complaints	Senior management team	
7.3	Update the Complaints Policy and associated documents	Named person with responsibility for this policy	Progress should be monitored. These columns can be used to sign off the action when it has been completed.
7.3	Ensure updated copies are available in the administrative office; in handbooks and on the web site	Administrator – office copies	
7.3	Develop a whistle blowing policy	Human Resource Manager	

Diagram 4 Example of a completed action plan



**People will take action for quality improvement when they help plan change**

The action plan will be monitored and dated when the actions are achieved.

The type of progress that could be made towards achieving the action plan might be;

- a) The Human Resource Manager has been made responsible for monitoring complaints and has been informed of this by email. A copy of the email is available.
- b) The Complaints/ concerns policy have been updated and now include time constrained activities.
- c) All but one of the handbooks have been updated. The update of the last one has been delayed by staff sickness but is nearly complete.
- d) The web site has not yet been updated but emails show that the web designer has been contacted and sent the appropriate information in order to update the site at the next review.
- e) Hard copies of updated complaints forms and the updated Complaints Policy are now available in the Administrative Office.
- f) The 3 complaints have been investigated. Records of how the complaints have been handled are available – i.e. the initial complaint form filled in by the person making the complaint; a tracking document to show the stages the complaint went through and the dates that each stage took place; minutes of meetings that were held to discuss the complaint (both internal meetings and meetings with the complainant); letters or emails that show the resolution of the complaint; minutes of meetings where the outcome of the complaint is discussed and a decision made as to whether any change is required. One complaint is still ongoing.

A quality organisation should work towards formalising and recording what it does. Reflecting on the evidence that you have (or do not have) assists the quality cycle.

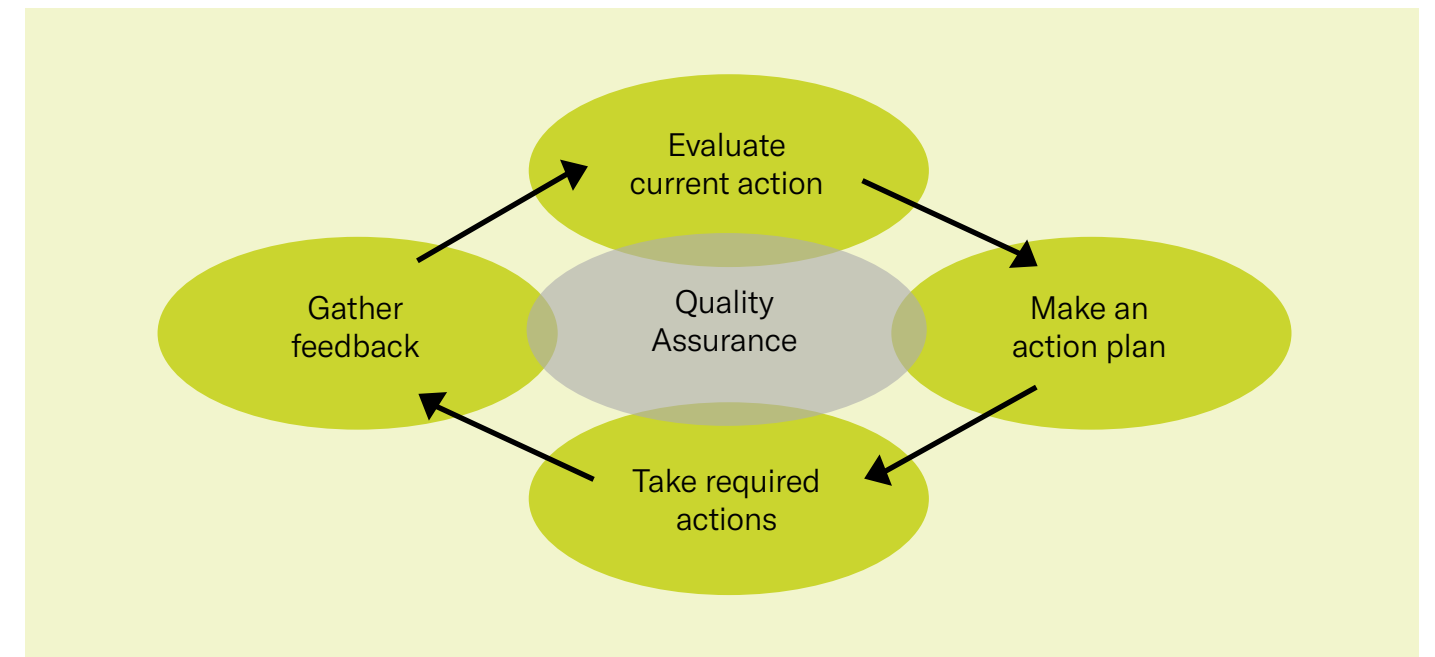


Diagram 5 A typical quality cycle

At this point you may consider that you have evidence that you are meeting the Standards and you may want acknowledgement of your organisation's quality service provision. HPass Approved Provider will give you that added value.

A Quality Reviewer appointed by HPass would review your evidence and the progress made towards completing any action plans.

You can obtain HPass Approved Provider status by receiving a review of your services and making an application.



# 5

## Making an application for HPass Approved Provider Status

### **A Quality Reviewer will review your self-evaluation**

Before you make an application, we would like to draw your attention to some important facts.

1. The Standards must be met. If one or more of the component standards have not been met, then full HPass Approved Provider status cannot be awarded.
2. You will be able to make another application after issues have been addressed and resolved.
3. The Quality Reviewer will only make a recommendation. The final decision lies with the Approval Committee (See Section 9).

The application form will ask for specific information about your organisation. You will be confirming that you have read and understood the Standard(s) and the Quality Manual.

The complete application is made up of the completed self-evaluation tool including the application form. We ask the head of your organisation to sign a legal agreement confirming understanding of the terms and conditions of HPass Approved status.

Your application will be reviewed for completeness and sufficiency. This will ensure that all relevant sections of the self-evaluation tool have been completed and that the information is enough to provide a picture of your organisation. This will inform the size and scope of the review that will be conducted.

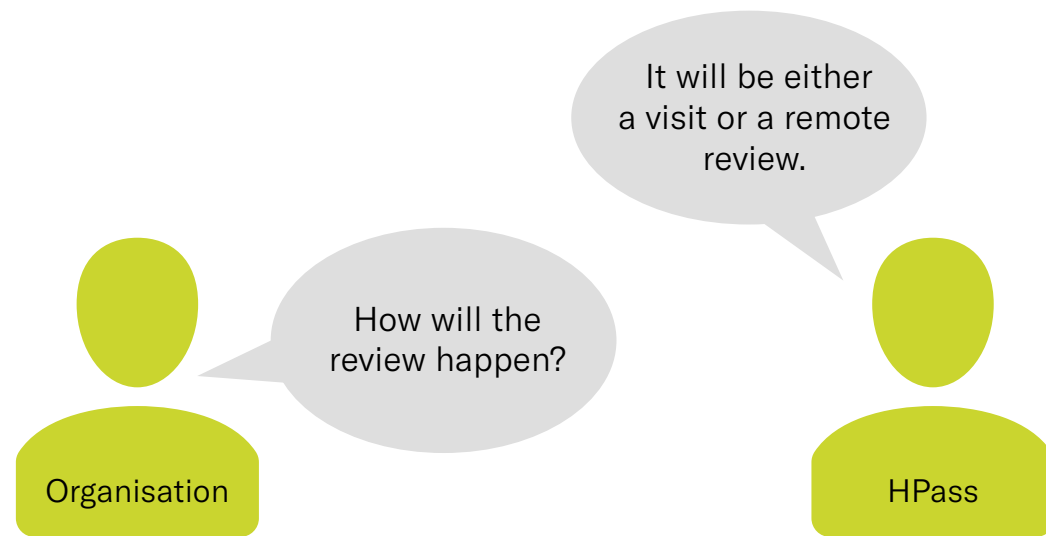
At this stage, a Quality Reviewer will be allocated and a decision will be made about whether the review will be made by a visit to you, a remote review or whether the required information will be submitted electronically.





# 6

## Mode of Review



### 6.1

#### Visit

We will make every effort to allocate a local trained Quality Reviewer who has appropriate linguistic skills. A visit usually lasts one day for each Standard but may be longer if the Quality Reviewer must visit several sites or there is a large amount of evidence to be appraised. A Quality Reviewer who visits may require remote access to any electronic site(s) that contain information relevant to the review.

### 6.2

#### Remote

A remote review is;

- carried out by electronic information gathering or
- at a site that is remote from the organisation's premises or
- a combination of both.

The quality assurance process will be more informed by the Quality Reviewer being able to speak with staff and see relevant evidence at first hand. However, consideration will always be given to the use of electronic information gathering for conducting reviews or to meeting staff at a mutually agreeable site away from your organisation's main premises. This may be necessary in cases where:

- political instability or threats to the safety of Quality Reviewers exist
- sites are geographically remote
- speed is required
- cost effectiveness is acceptable to the approval organisation and the Assessment / Learning provider

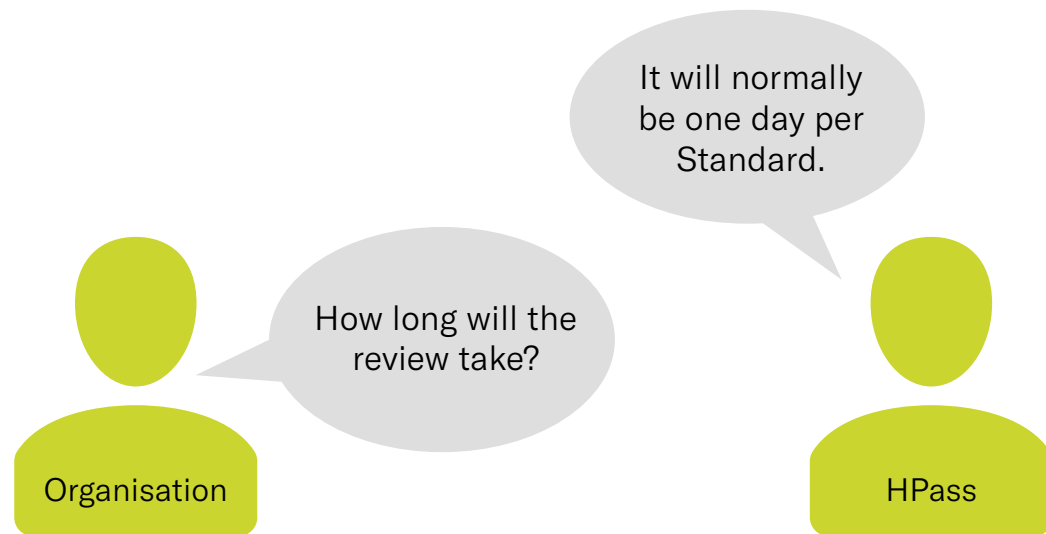
The evidence obtained from a remote, electronic review will be the same as that obtained by a visit to a site by a Quality Reviewer

Whichever mode of review is used, the review will appraise the full requirements of the Key Actions of the Standards.



# 7

## The Review



The self evaluation will be sent to a Quality Reviewer. A Quality Reviewer is an expert who has been trained and standardised to ensure they are able to make judgements about whether Key Actions are being taken in the right way to meet the Standards. A Quality Reviewer will be able to offer recommendations for quality improvement and, if necessary, actions that you may need to take to meet the Standards. Quality Reviewers should be seen as critical friends.

The Quality Reviewer will contact you to ask for any further information if required and will liaise with you to give you details of Stage 1 (See 7.1) and Stage 2 (See 7.2) of the review.

Please inform us if the allocated Quality Reviewer is unsuitable for you for example s/he may be employed by a close competitor; the Quality Reviewer may not possess the required level of language skills; the Quality Reviewer may not be able to visit at a mutually convenient time. Your reasons for requiring a different Quality Reviewer will be considered by the Approval Committee.

# 7.1

## Stage 1 is about planning your Quality Review

The review will be in 2 stages;

### Stage 1

Stage 1 takes place before the visit or the start of the electronic information gathering. It takes place at a distance from the organisation. The objectives of Stage 1 are for the Quality Reviewer to;

- a) Review the information that you have entered in the self-evaluation tool and in your application.
- b) Evaluate your site-specific conditions and to discuss with you what will be required from you for Stage 2. These discussions could be by email or face to face electronic methods of communication.
- c) Review your understanding of the requirements of the Standards, particularly about the Key Actions and suggested evidence. The Quality Reviewer will advise you on the types of evidence that you will need to make available at the time of the review. This will include;
  1. Information about the scope of your systems including the sites that you operate from.
  2. The processes and equipment that you use.
  3. The types of control that you have in place – particularly if you should operate across multi sites.
  4. The nature and extent of any sampling across geographical sites that may need to be carried out.
  5. Any local regulations that must be complied with.
- d) Discuss and agree the detail of Stage 2 to ensure that the Quality Reviewer has enough understanding of your organisation and systems. It is also an opportunity for you to ask questions about Stage 2. The Quality Reviewer will decide whether your organisation is ready to move to Stage 2.

The outcome of Stage 1 and your organisation's readiness for Stage 2 will be communicated to you and will identify any areas of concern.

The time between Stage 1 and Stage 2 will be enough for you to resolve any areas of concern identified in Stage 1. If significant change is required, then the need to repeat all or part of Stage 1 shall be considered. Depending upon the outcome of Stage 1, you or the approval organisation may decide to cancel or postpone Stage 2.



## 7.2

### **A Quality Reviewer will look at evidence of Key Actions during Stage 2**

#### Stage 2

The purpose of Stage 2 is to evaluate the effectiveness of your organisation's systems when working to the Standards. Stage 2 shall, whenever possible, take place at your site(s).

Whether the review is remote or by visit, the Quality Reviewer will ask to review at least the following:

- a) information and evidence that shows how you are using and conforming to the requirements of the Standards
- b) performance monitoring, measuring, reporting and reviewing against any Key Performance Indicators (KPIs) and targets that are consistent with the expectations of the Standards
- c) your systems and organisation performance about meeting applicable statutory, regulatory or contractual requirements
- d) operational control of processes (for example assessment and learning tools design and implementation)
- e) internal reviewing and management review
- f) policies and procedures

On the day of the visit the Quality Reviewer will aim to arrive at the start of your normal working day. It is anticipated that the review will take at least one working day per Standard.

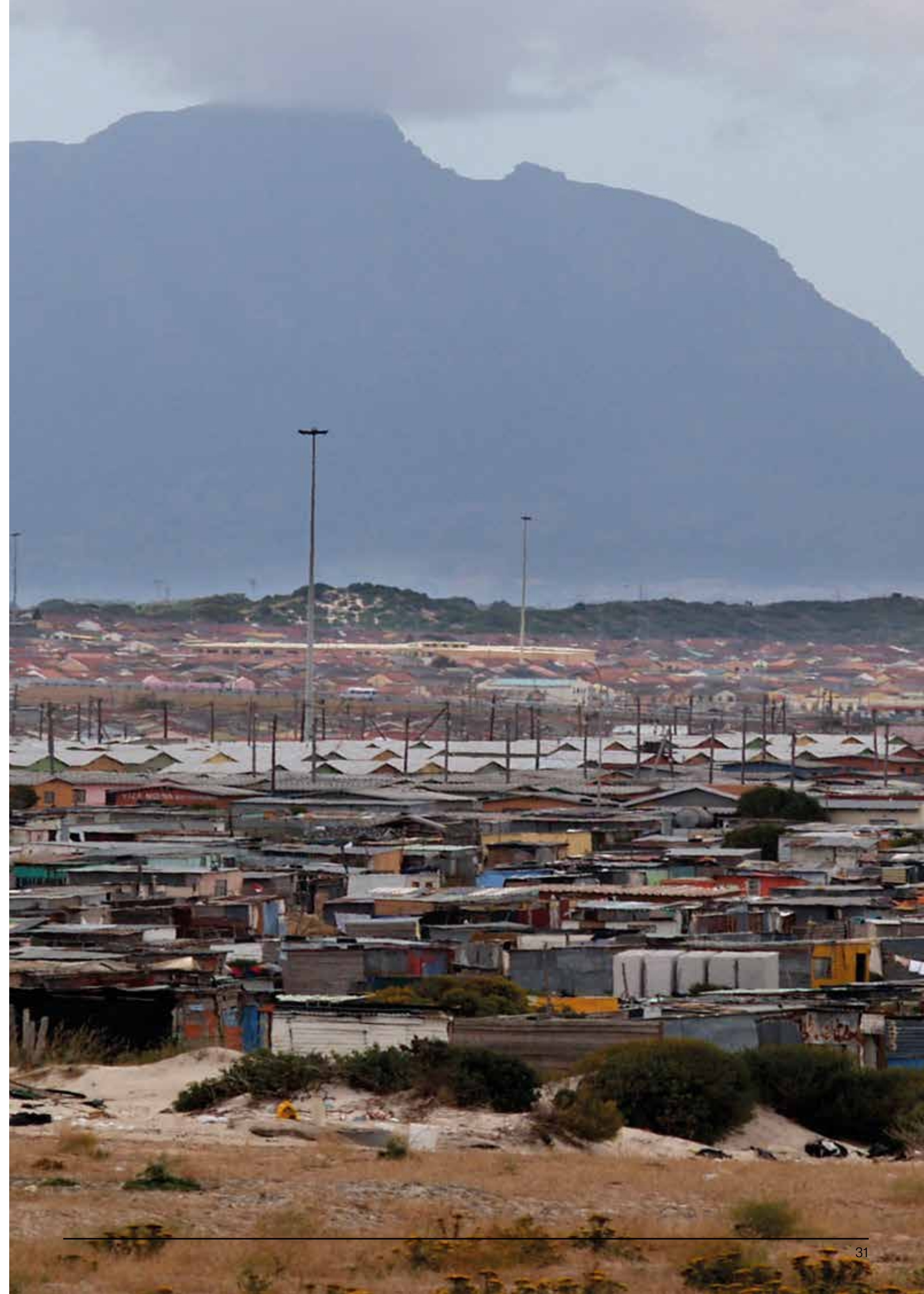
## 7.3

#### Resources required

The Quality Reviewer will require a quiet room or area to work in. It will be necessary at times for him/her to make notes and organise findings as the day proceeds.

You are not expected to entertain the Quality Reviewer. This could be seen to be a conflict of interest. It also takes time that could otherwise be used for the review. The opportunity for the Quality Reviewer to receive a light lunch and non-alcoholic beverages will be appreciated.

Evidence should be able to be found efficiently. A way of quickly summoning people to speak with the Quality Reviewer should be arranged.





# 8

## Structure of the Day

The review is expected to take one day per Standard. However, there may be circumstances where a greater length of time will need to be allocated, for example if there are many sites; if there are a high number of learning / assessment programmes.

### 8.1

#### Opening meeting

The Quality Reviewer will start proceedings by holding a formal opening meeting with management and where possible those responsible for the functions to be reviewed.

The purpose of the opening meeting is to provide a short explanation of what is going to happen and will consider the following:

- a) introduction of everyone present, including a short introduction of their roles and responsibilities
- b) confirmation of the scope of the approval
- c) confirmation of the review plan
- d) confirmation of the formal communication channels between the Quality Reviewer and yourselves
- e) confirmation that the evidence required is available
- f) confirmation of matters relating to confidentiality
- g) confirmation of any relevant health and safety requirements, security and emergency procedures
- h) the introduction and confirmation of the role of any Quality Reviewer in training; observer; translator or other authorised person, if present
- i) the method and timing of reporting

#### The opening meeting sets the scene

### 8.2

- j) confirmation that the Quality Reviewer is responsible for and in control of the review
- k) methods and procedures to be used during the review (including any sampling)
- l) confirmation of the language(s) to be used
- m) opportunity for you to ask questions

It is anticipated that this meeting will last for no more than one hour.

#### Verifying Suggested Evidence

The day will then proceed with the Quality Reviewer requesting:

- documents
- meetings. These may be with programme teams; assessors; delivery staff; candidates; learners; administrative staff and will be opportunities to discuss processes and outcomes
- interviews. These are usually more focused than meetings. A Quality Reviewer will request an interview where there is a key person with overall responsibility for a service or there may be a piece of evidence that the Quality Reviewer wants to ask for more detail
- records and documents
- observation of processes and/or activities – opportunities (if time allows) to see learning and assessment practices in operation.

The Quality Reviewer will examine systems, processes and documents, looking for evidence that the Key Actions are being taken. This evidence can be in many different forms, depending upon the size, type and operations of the many different organisations that will use the Standards. The suggested evidence lists give some of the formats that this evidence can take. You do not have to follow those suggestions. They may not be appropriate for your organisation. Your organisation may have different ways of proving that the Key Actions have been taken.

When the Quality Reviewer has gathered and recorded enough evidence for a recommendation to be made, s/he will hold a closing meeting.

# 8.3

## Closing meeting

The Quality Reviewer will ask management and where possible and appropriate those responsible for the functions reviewed to be present at a formal closing meeting. The names and roles of people present will be noted and the meeting formally recorded.

The purpose of the closing meeting is to present the review conclusions, including recommendations for improvement to the management. The Quality Reviewer is not able to communicate an approval decision. The Quality Reviewer's report is subject to final sign off and decision by the Approval Committee.

Any required actions are presented so that they are understood and a time frame for responding will be agreed. You may not agree with or accept the required actions, in which case you will be asked to wait for the signed off report and if required submit an appeal (See Appendix 2). The Approval Committee will send you a letter confirming their decision and a copy of the Quality Reviewer's report.

At the closing meeting the Quality Reviewer will inform you of;

- a) the method and time frame for the review report
- b) the process for handling recommendations and/or actions
- c) the time frame for any corrections or corrective actions
- d) the cycle of scheduled reviews. More information is available in Section 10
- e) information about the appeal process

People present will be given the opportunity to ask questions. Whenever possible any diverging opinions will be discussed and resolved at this meeting. Any diverging opinions that are not resolved will be recorded in the report and referred to the Approval Committee.

**Findings are summarised at the closing meeting**

# 8.4

## Quality Reviewer's Report

The Quality Reviewer will unlock a further tab and record their findings in the self-evaluation tool.

The screenshot shows a form titled 'STANDARD 1: ANALYSIS: RELEVANT LEARNING NEEDS ARE IDENTIFIED AND PRIORITISED'. It includes a header with fields for Name of Quality, Date of report, and Organisation name. Below this is a table with columns for Mode of Review, Type of Review, Organisations Action Plan, Completed or in progress, Is the organisation taking the Key Action?, and If No state actions required. The main body of the form lists 'KEY ACTIONS RELEVANT TO STANDARD 1' with five numbered items (1.1 to 1.5) and corresponding text input fields. A 'Has the Standard been met?' checkbox is present, with a 'NOT MET' status indicated. At the bottom, there are sections for 'COMMENTS ON KEY ACTIONS INCLUDING GOOD PRACTICE' and 'RECOMMENDATIONS (These will not prevent HPass Approval)'. A second standard header is visible at the bottom: 'STANDARD 2: DESIGN: LEARNING PROGRAMMES ARE DESIGNED AND PREPARED ACCORDING TO IDENTIFIED NEEDS'.

An outcome sheet will be sent to you after the report has been reviewed by the Approval Committee.

The screenshot shows a form titled 'Approval Committee Decision'. It includes a header with fields for Date of report, Mode of Review, and Type of Review. The main body of the form lists 'KEY ACTIONS RELEVANT TO STANDARD 1' with five numbered items (1.1 to 1.5) and corresponding text input fields. A 'Decision on Standard' checkbox is present, with a 'NOT MET' status indicated. At the bottom, there are sections for 'COMMENTS ON KEY ACTIONS INCLUDING GOOD PRACTICE' and 'RECOMMENDATIONS (These will not prevent HPass Approval)'. The form also includes a section for 'ACTIONS REQUIRED' with text input fields.

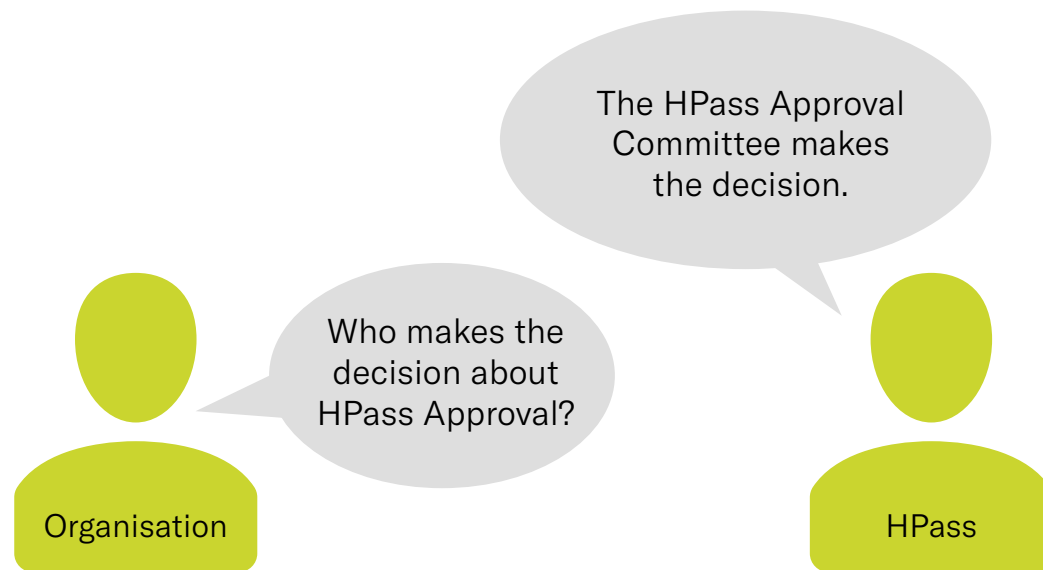
If there are any required actions, then these are listed against each key action. This will be the case if HPass Approved Provider has been declined.

Any areas of good practice are listed in the 'Comments on Key Action's box.

Any recommendations are listed in the 'Recommendations' boxes.

# 9

## Approval Committee



The Quality Reviewer's report with a recommendation is subject to review and a final decision by the Approval Committee at regular monthly meetings.

The Approval Committee will be made up of people who have through knowledge of the Standards and Key Actions. They will have responsibility for and own the HPass Approval decision-making process.

The Approval Committee will make the final decision on approval, re-approval, and suspending, restoring or withdrawing approval. The person or people who conducted the review will not be part of the committee.

The Approval Committee will conduct an effective review prior to making a decision. This process will ensure that:

- a) information gathered by the Quality Reviewer is enough
- b) any action plans have been reviewed, verified and correction(s) and corrective action(s) accepted

- c) the learning or assessment provider's plan for correction and corrective action is accepted.

There are 2 possible outcomes;

- HPass Approved Provider awarded
- Decline of approval

The final decision and a copy of the Quality Reviewer's actions and/or recommendations will be communicated in writing to you. If you are successful you will receive a certificate to display at your premises. You will also have the opportunity to issue badges to your learners and/or candidates that are endorsed to show you are an HPass Approved Provider.

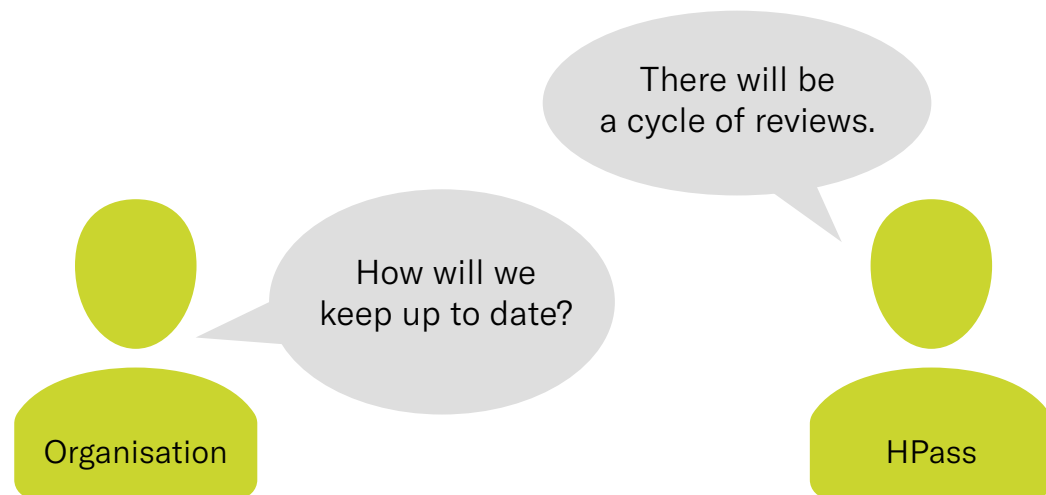
If you do not agree with the outcome of the review, you may appeal the decision. Information about appeals and complaints is in Appendix 3.





# 10

## Schedule of Reviews



HPass Approved will be monitored annually. You will be asked to submit an updated self-evaluation and an action plan.

HPass Approved will be part of a 3-year cycle

- Year 1 Initial approval
- Year 2 Maintaining approval monitoring review
- Year 3 Maintaining approval monitoring review
- Year 4 Re-approval

For reviews needing to be conducted under exceptional circumstances please see Appendix 4.

### 10.1

#### Years 2 and 3 Monitoring reviews

Monitoring reviews are held in Years 2 and 3 of the review programme. They are usually remote reviews (see Section

### The cycle of reviews maintains HPass Approval

6.2)The purpose of the monitoring reviews is for HPass to maintain confidence that your systems continue to fulfil the requirements of the Standards.

The review will be an opportunity for you to demonstrate that the processes and systems of your organisation continue to satisfy the requirements of the Standards. Your approval may be maintained based on a positive recommendation of the Quality Reviewer and sign off by the Approval Committee. Any major issue will initiate a review by Quality Reviewers different from those who carried out the monitoring review.

Monitoring reports will be sampled and evaluated by the Approval Committee.

The review will take into account any management or system changes that may have happened at any of your sites.

Monitoring reviews will be either on-site or remote. Monitoring will include:

- a) reconfirming aspects of the approval
- b) reviewing promotional materials; web sites and other communication tools for accuracy and correct promotion of the approved status
- c) requests to you for documents (electronic or hard copy)
- d) results of internal reviews and management review that you will have carried out.
- e) review of actions identified during any previous review
- f) complaints handling
- g) effectiveness of your systems to meet the Standards
- h) progress of planned activities aimed at continual improvement
- i) evidence of continuing operational control
- j) change review
- k) use of badges

Monitoring reviews will be conducted at least once per calendar year, except in re-approval years. The date of the first monitoring review shall be not more than 12 months from the approval decision date.

N.B. The frequency of the monitoring reviews can be varied to accommodate factors such as seasons or approval of a limited duration for example temporary training sites.



# 10.2

## Year 4 Re-approval review

Re-approval reviews take place in year 4 of the review programme. The re-approval review will usually be carried out on-site and in time to allow for timely renewal before the approval expiry date.

The purpose of the re-approval review is to evaluate the continued fulfilment of all the requirements of the current Standards.

The review will address the following:

- a) the effectiveness of your organisation's systems in the light of internal and external changes
- b) reviews of the outcome of previous monitoring
- c) your organisation's demonstrated commitment to maintain the effectiveness and improvement of systems related to the Standards
- d) the effectiveness of the management and systems to maintain the Standards over the whole of the most recent approval cycle

Re-approval reviews may need to include a Stage 1 where there have been significant changes to the management or systems of your organisation.

If there are any major issues, you will be given defined time limits for the correction and corrective actions. The actions shall need to be completed and checked before the date of expiration of approval.

When re-approval activities are successfully completed before the expiry date of the existing approval, the new approval will be based on the expiry date of the existing approval. The issue date on the new approval will be on or after the re-approval decision.

If for some reason, the re-approval review is not completed or you are not able to verify the implementations of corrections or corrective action prior to the expiry date of the approval, then re-approval shall not be recommended and the validity of the approval shall not be extended. We will keep in close contact. You will be updated and the consequence explained.

Following expiration of approval, the approval organisation can restore approval within 6 months providing that the outstanding re-approval activities are completed, otherwise a Stage 2 review shall need to be completed. The effective date on the approval shall be on or after the re-approval decision and the expiry date shall be based on the prior approval cycle.

Under some circumstances it may be necessary to conduct short notice or under exceptional circumstances to withdraw or suspend approval. Please see Appendix 4 for further details.



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# 11

## Conclusion

You may decide to use the Standards as stand-alone tools to assist with your service provision. You will be able to use the Standards more effectively if you engage with the self-evaluation tool and review what evidence you have to show that you are taking the Key Actions and meeting the standards.

These you can use without the involvement of the HPass Quality Reviewers. However, if you do decide to apply for HPass Approved Provider status, the review is a supportive process, intended to assist the improvement of quality of learning and assessment provision.

The Quality Reviewer will examine your systems and processes to ensure that the Standards are being used correctly. It is likely that you are already taking the Key Actions stated in the Standards. Where you are not, this will be an opportunity for you to add quality to your provision. Where you are already taking the Key Actions, it may be an opportunity for you to improve quality.

The review should be an opportunity for you to examine the scope of your provision and an opportunity to drive up quality.



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# Appendix 1

## ASSUMPTIONS TO INSPIRE CONFIDENCE

### A.1 Impartiality

- A.1.1 The important need for impartiality to be seen by all personnel is acknowledged.
- A.1.2 HPass decisions shall be based on objective evidence of conformity (or nonconformity) obtained during a review and shall not be influenced by other interests and parties.
- A.1.3 Threats to impartiality are:
- Self-interest – persons or bodies acting in their own interests
  - Self-review – threats that arise from a person or body reviewing work done by themselves
  - Familiarity (or trust) – threats that arise from trusting another person instead of seeking review evidence.
  - Intimidation – coercion openly or secretly threatening or forcing someone to do something
- A.1.4 It is assumed that organisations recognise that quality assurance comes with a cost. It is also recognised that a source of revenue for HPass is an organisation paying for approval, monitoring and renewal of approval and this is a potential threat to impartiality.
- A.1.5 The QAM shall include an HPass Quality Reviewers' Code of Conduct, Quality Reviewer training, support and quality checks to ensure that impartiality is not compromised.

### A.2 Competence

- A.2.1 The processes of the QAM shall assure competence of HPass personnel. The QAM include a process for the establishment of competence criteria for personnel involved in review and other approval activities. The QAM shall also include performance evaluation against the criteria, of personnel involved in review and other approval activities.

### A.3 Responsibility

- A.3.1 The approved organisation has the responsibility to achieve the requirements of the Standards in a constant and consistent manner. The approved organisation shall also have the responsibility of conformity to the requirements of the approval process.
- A.3.2 HPass has responsibility to access and analyse enough objective evidence upon which to base an approval decision.
- A.3.3 The learning or assessment provider has the responsibility to allow access to information that is requested by a Quality Reviewer.

### A.4 Openness

- A.4.1 HPass shall provide public access to appropriate and timely information about the approval status of any learning or assessment provider to gain confidence in the integrity and credibility of approval. Openness is a principle of access to, or disclosure of appropriate information.
- A.4.2 To gain or maintain confidence, the approval organisation shall provide access to or disclose non-confidential information about the conclusions of specific reviews to specified interested parties.

### A.5 Confidentiality

- A.5.1 HPass and all personnel involved in the approval process shall commit not to disclose any confidential information.

### A.6 Responsiveness to complaints and appeals

- A.6.1 Parties that rely on the approval decision can expect to have complaints investigated and resolved by the mechanism described in Appendix 3.

A.6.2. Assessment or learning providers that are not granted HPass Approved Provider or that have HPass Approved Provider withdrawn or suspended shall expect to have appeals heard and resolved.

A.6.3 HPass shall use the QAM and associated Standards to ensure that complaints and appeals are processed, resolved appropriately and that approval activities are safeguarded.

### **A.7 Risk based approach**

A.7.1 The QAM have built in recognition of the risks associated with providing competent, consistent and impartial approval. The risks have been identified as;

- The objectives of the approval review
- The sampling used in the approval process
- Real and perceived impartiality
- Legal and regulatory issues
- The learning or assessment provider being reviewed and its operating environment
- Impact of the review on the learning or assessment provider and its activities
- Health and safety of review teams
- Perception of interested parties
- Misleading statements by the HPass Approved organisation
- Inappropriate use of marks, badges

# Appendix 2

## BUILDING A PORTFOLIO OF QUALITY EVIDENCE

Suggested evidence is a list of suggestions. It may be that you have different evidence of how Key Actions have been taken.

Evidence can exist in many formats. It may be that one piece of evidence can be used for more than one key action for example a process or policy may have different parts that refer to different Key Actions. It is not always necessary to have different evidence for each key action.

Reflect on your organisation and for each key action determine whether the evidence that you have is a;

- Process
- Policy
- Document
- Period of research carried out
- Resource
- Personnel
- Meeting

Evidence for the above needs to be 'hard' evidence. It should not exist only in people's heads. Formalising evidence ensures business continuity if the worst scenario should happen.

Here, we give you further guidance information about how quality evidence can be recorded, stored and put forward for review if required.



## PROCESSES

A process is a series of steps that are taken to achieve a Key Action.

### How to formalise

Processes can be evidenced by flow charts. A Quality Reviewer will then ask for evidence that some, or all the steps have been taken. This may mean referring to records or calling for people to explain what has been done.

Whenever a process is referred to it is expected that the process will be embedded in the operations of the organisation. The Quality Reviewer will ask to see evidence that the process is working effectively.

## POLICIES

A policy is a set of ideas or a plan that has been agreed by the management or owner(s) of the organisation as the way to achieve the objectives of the organisation. The number or type of policies will depend upon the nature and size of the organisation.

### How to formalise

Where there are important, critical activities, having them controlled by a policy means that there is always a reference point to indicate what should be done. Policies should not exist only in people's heads. The ways of doing things need to be written down and reviewed and revised regularly. The format can vary depending upon the requirements of the organisation. They can be as short as one page or a lengthy document. Examples of policies are;

- Health and safety
- Assessment
- Appeals and Complaints
- Procurement
- Human Resource
- Registration

This list is not exhaustive and you need to review your organisation to decide which policies are necessary. You need to ask that if key people should no longer be available, then is there an appropriate range of written down ways of doing things (policies) to ensure continuity and control of the business.

Policies can be in hard copy kept in known locations or they can be soft copy accessible by those who need to know.

Up to date policies that are personalised for the organisation and embedded within the activities of the organisation are good indicators of quality.

## DOCUMENTS

A document is a piece of written, printed or electronic matter that provides information. Documents often provide an official record that something has happened.

### How to formalise

Documents need version control to ensure that they are up to date. They also need defined review periods and nominated owners. For example, a Health & Safety policy may be owned by the Human Resource manager and reviewed and updated annually. A complaints form may be the responsibility of the administrative officer and is reviewed and updated at the same time as the Appeals and Complaints policy. The information about owners. Version control and review dates can be shown in the footers of documents.

It is important to store documents safely and to be able to retrieve them when required. Indexed electronic or paper-based filing systems, allow all authorised interested parties to be able to refer to information quickly when needed. Knowing where documents are kept is essential. Ensuring that the document files are kept up to date is just as important.

Safe and secure storage of confidential or critical documents must also be considered and arranged when appropriate.

If you apply for HPass Approved Provider, your Quality Reviewer will need to refer to documents. It will be necessary to ensure access and the ability to respond to his/her requests for information during a review.

## RESEARCH

Research is done to establish a current situation or facts. Research allows conclusions to be drawn and decisions to be made. During the provision of learning and assessment services, research often has to be carried out for example to ensure that what is being provided is what is required. Excellent service provision is based on broad research.

### **How to formalise**

Evidence that research has been carried out can be documents; surveys; feedback from relevant organisations or individuals; reports; questionnaires or electronic searches and recording of findings. The location of this evidence could be in portfolios, files or stored electronically.

How the research has been analysed and used is even more important. Analysis documents such as self-evaluation tools or Google Sheets can evidence the collection and analysis of research.

### **RESOURCES**

Resources can be human, physical or digital. The location of them can be varied.

### **How to formalise**

A Procurement policy can outline the process to acquire physical resources. Resource requirements need to be documented to ensure that resources are obtained at an appropriate cost with no wastage or duplication.

Recruiting the required number of quality staff while ensuring competence and fairness also needs to be controlled and standardised. A Human Resource policy can guide the process and can be supported by documented, staged training.

It is important for the organisation to know where resources are located. Therefore timetables, asset registers or electronic sites or folders are important location tools.

The sufficiency and safety of resources is critical to ensure quality delivery of services. Resource checks should be built into normal business practices.

If you apply to be an HPass Approved Provider your Quality Reviewer will be looking for evidence that all required resources are available. S/he may therefore ask to visit sites where resources are located or to meet with people to ask them questions.

The organisation needs to be able to prove that resources are up to date, safe and secure.

### **PERSONNEL**

Nominated roles with people accountable for the functions and who are well qualified and experienced are good quality indicators that services are co-ordinated and controlled.

### **How to formalise**

An organisation chart is documentary evidence that roles have been identified to carry out required functions within the organisation.

Job descriptions and skills requirements support the organisation chart and give clear instructions to post holders.

Updating and training records are good evidence that staff are kept up to date.

### **MEETINGS / INTERVIEWS / COMMUNICATIONS**

- a) Meetings can be excellent indicators of quality if they are appropriately recorded. Formalised agenda, notes and minutes provide records of what was discussed and who will take responsibility for taking actions. The outcomes should be listed and where necessary action plans compiled. Accessible files and folders recording meetings will be valuable sources of information to give to the Quality Reviewer.
- b) Interviews can have two aspects;
  - a. Interviews conducted by representatives of the organisation with internal or external interviewees. Retained records of these interviews showing their purpose, content and outcomes will indicate how they fit into the quality service provision.
  - b. Interviews conducted by the Quality Reviewer with organisation representatives. These interviews will be recorded and used to inform the Quality Reviewer about the Key Actions taken by the organisation. The Quality Reviewer will inform you who s/he wants to meet during the review process. It is important to ensure that these people are available during Stage 2 of the review.
- c) Communications are made in many types of formats. Some examples are letters; notes; emails; posters; reports; handbooks; web pages. This list is not exhaustive. Retaining examples of where communications play an important part in the organisation when taking any of the Key Actions will assist the Quality Reviewer to measure the quality of provision of services.

The above is a short summary of typical evidence. Probably there will be other types of evidence that exist in your organisation.

If you are visited by a Quality Reviewer s/he will welcome any additional evidence that you may wish to show. It is important that your organisation addresses the Key Actions in ways that are suitable and appropriate for the context of your organisation. Retaining evidence of how Key Actions have been taken is what is required.

## Appendix 3

# APPEALS AND COMPLAINTS

- An appeal is made if you do not agree with a decision made by a Quality Reviewer.
- A complaint is a statement that something is unsatisfactory or unacceptable.

HPass will receive, evaluate and make decisions on appeals and complaints. It shall be responsible for gathering and verifying the information required to validate the appeal or complaint.

HPass shall be responsible for all decisions, at all levels of the appeal and complaints handling process.

The persons engaged in the appeals and complaints handling process shall be different from those who carried out the reviews and made the approval decisions

Submission, investigation and decision on complaints and appeals shall not result in any discriminatory actions against the person or organisation making the appeal or complaint.

The appeals and complaints handling processes shall include the following:

- a) An outline of the process for receiving, validating and investigating a complaint or appeal and for deciding what actions need to be taken, taking into account the results of any previous complaints or appeals.
- b) The processes shall be subject to the requirements for confidentiality
- c) Establishing the nature of a complaint and whether it relates to the HPass Approved quality mark of a learning and/or assessment provider. If it does then the complaint shall be processed by HPass and referred to the learning and/or assessment provider at an appropriate time



- d) Acknowledging receipt of an appeal or complaint and the tracking and recording of appeals and complaints, including actions taken to resolve them
- e) An open communication channel with the person or organisation's representative making an appeal or complaint to provide formal notice of the appeals and complaints processes, progress reports and the result of the appeal or complaint
- f) Ensuring that any appropriate actions are taken
- g) The complaints process shall include the opportunity for HPass to decide with the complainant and the learning and/or assessment provider, whether and to what extent the subject of the complaint and its resolution shall be made public.

## Appendix 4

# EXCEPTIONAL REVIEWS

### Short notice reviews

It may be necessary for HPass to conduct reviews at short notice or unannounced to investigate complaints, or in response to changes or as a follow up if for any reason HPass Approved Provider may be suspended.

We will tell you in advance of the visit and the conditions under which the review shall be conducted.

HPass shall exercise additional care in the allocation of a Quality Reviewer because of the lack of time for the assessment or learning provider to object to the review team members.

Reviews that may suspend approval

HPass shall suspend approval in cases when:

- a) the HPass Approved Provider's systems have persistently or seriously failed to meet approval requirements
- b) the HPass Approved Provider does not allow monitoring reviews to be conducted at the required frequency
- c) the HPass Approved Provider has voluntarily requested a suspension

Under suspension HPass Approved Provider is temporarily invalidated

HPass shall restore approval if the issue that caused the suspension is resolved.

Failure to resolve the issue in a time set by HPass shall result in withdrawal from approval. It is expected that in most cases suspension would not exceed 6 months.

# Appendix 5 PROCESS MAP

