Kildare and Wicklow Education and Training Board
Policy on
Monitoring and Reporting Quality Management within Centres

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Developed by	KWETB Quality Team
Reviewed by:	Quality Assurance Sub-Group
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Contents

KWETB Policy on Monitoring and Reporting Quality Management within Centres

Rationale

This policy outlines the approach to monitoring and reporting quality management within KWETB centres. It responds to identified performance themes and aims to strengthen the Quality Assurance framework through structured, transparent and evidence-based practice.

Safeguarding quality assurance incidents is essential to uphold the safety and well-being of learners and staff, while also protecting the integrity and reputation of the organisation.

Guiding Principles

This policy is underpinned by the following principles:

- Transparency and accountability
- Continuous improvement
- Evidence based decision making
- Inclusiveness and collaboration

Monitoring and Reporting Systems

Incident Reporting

Following QA incidents, each centre will submit an Incident Report to the QA Manager or designated QA person. The report will ensure incidents are documented and investigated and resolved in a timely and effective manner to support continuous improvement.

Annual Quality Report

Each centre will submit an Annual Quality Report to the QA Manager or designated QA person. The report will outline key QA activities, developments, challenges and improvement actions taken within the centre.

Risk Registers

Centres will maintain a risk register to identify, assess and mitigate risks related to quality management. This register will be reviewed regularly by the Quality Manager or designated QA person.

Roles and Responsibilities

Centre Co-ordinators / Managers

- Ensure implementation of QA monitoring and reporting systems
- Ensure that all QA incidents are investigated, documented and reported
- Submit the Annual Quality Report and maintain risk registers
- Communicate QA responsibilities to all staff

- Ensure learner assessment evidence is protected and accessible to more than one staff member and that the Coordinator has access to all learner evidence

Learning Practitioners
- Participate in QA reviews and audits
- Maintain accurate and secure records of learner assessment evidence

QA Office
- Provide guidance and templates for Incident Reports, Annual Quality Reports and Risk Registers
- Review submitted reports and identify themes
- Provide feedback look to centres and QA subgroup

Incident Report Procedure

Purpose
To ensure all incidents affecting quality management are investigated, documented, reported and resolved in a timely and effective manner to support continuous improvement.

Scope
This procedure applies to all staff, contractors and stakeholders involved in quality management within the centre.

Definition
Incident: Any event or deviation from standard procedures within the Quality Framework that may impact the quality of the learner experience, quality of services, compliance or safety.

Responsibilities
- Staff: Report incidents immediately to their line manager.
- Coordinator: Complete the Incident Report Form and oversee the process.
- Quality Manager or designated QA person: Review, investigate and document findings and implement corrective action if required.

Access to Tutor Work by Coordinators
Centre Coordinators must have access to all tutor work at all times. This access is essential for several reasons:

- To ensure continuity of learning in the event of staff absence of staff leaving.
- To safeguard learner assessment evidence and ensure it is securely stored and assessible.
- To support quality assurance processes, including audits and reviews.
- To enable effective oversight, mentoring and support for tutors.

Procedure

1. Any staff member who identifies a QA incident must report it immediately to their direct line manager.
2. The Centre Coordinator must complete the Incident Report (link here).
3. The Centre Coordinator must submit the report to the Quality Manager or designated QA person within twenty-four hours of the incident.
4. The Quality Manager or designated QA person will review the report and respond as necessary.
5. All Incident Reports should be stored securely and reviewed by the QA team for themes and improvements.

Investigation Process for Quality Management incidents
1. The designated QA person will acknowledge receipt of the report.
2. The designated QA person will evaluate the severity and potential impact of the incident.
3. The designated QA person will record details, including timelines and involved parties.

4. If required, the designated QA person will propose solutions to amend the issue and prevent recurrence.
5. The designated QA person may assign tasks to specific individuals or teams.
6. If required, the designated QA person will check that actions were completed and effective.

Annual Quality Report Procedure

Purpose
The Annual Quality Report (AQR) will serve as a comprehensive review of each centre's quality assurance activities, developments, challenges and improvements over a defined reporting period. It supports continuous improvement, accountability and strategic planning across centres.

Scope
This procedure applies to all centres operating under KWETB quality assurance framework. Each centre is required to complete and submit the AQR to the QA Manager by the specified timeline.

Responsibilities
Centre Coordinators are responsible for compiling and submitting the report.

The QA Manager or designated QA person are responsible for reviewing submitted reports, providing feedback and ensuring that the findings are used to uphold and enhance quality standards across centres. This includes identifying areas for improvement and guiding the implementation of effective quality assurance practices.

Staff are expected to contribute to the report through feedback at staff meetings where quality assurance should be a standing agenda item.

How to carry out the Quality Review
 Each centre should implement a cyclical process of reflection, evaluation and planning. This should include detail records of quality assurance procedures within the Quality Framework, including internal verification, Quality Assurance as a part of staff meetings and learner feedback. Centres should include the learner voice in the Quality Review which could include learner feedback through surveys, focus groups. Centres should identify challenges and document any developments and improvements. Any staff development should be included and how the centre tracks CPD linking CPD to identified areas for improvement. Centres should analyse data from assessments, EA reports to identify trends and areas for development in their centre. Clear action plans, timelines and responsibilities for continuous improvement should be identified in the report.

Reporting Requirements
Each report must be completed using the standard template provided.

Submission Guidelines
Reports must be submitted by email to the QA Manager or designated QA person. The report should be clear, concise and evidence based.

Centres must retain a copy of the submitted report for internal records.

Review and Follow up
The QA Manager or designated QA person will review each report and may request additional information or clarification.

Feedback will be provided to each centre.

Key findings will inform QA planning.

Risk Register Procedure

Purpose
This procedure outlines the process for identifying, assessing, mitigating and monitoring risks that impact the quality management processes within centres. It ensures that risks are managed to maintain high standards of service delivery, compliance and continuous improvement.

Scope
This procedure applies to all centres involved in quality management activities, including teaching, assessment, learner support and administration of assessment.

Objectives
- To proactively identify risks that could affect quality standards.
- To assess the likelihood and impact of identified risks.
- To implement mitigation strategies to reduce or eliminate risks.
- To ensure accountability and continuous monitoring of risks.

Risk Identification
Risks will be identified through:

- Internal audits and/or quality assurance reviews.
- Staff feedback and incident reports
- Learner complaints

Each identified risk should be documented on the Risk Register Template provided with a clear description and potential impact on quality management (examples are provided in the template).

Risk Assessment
Each risk will be assessed using a standardised matrix that evaluates:

- Impact (Low to High)

Low	Minimal impact, easily managed
Medium	Moderate impact, requires monitoring
High	Significant impact, requires immediate action

Monitoring and Review

- The QA Manager or designated QA person will review quarterly risk registers in centres.
- A summary of risk register updates will be reported to the QA Subgroup.

Resources

Resources	Insert link to Incident Report Template
	Insert link to Annual Report Template
	Insert link to Risk Register Template

Appendices

Appendix 1 – Incident Report Template

Appendix 2 – Annual Quality Report Template

Appendix 3 – Risk Register Template

Appendix 1 Incident Report Template:

Reporter Information	
Name:	
Position:	
Date of Report:	
Contact Information:	
Incident Details	
Date of Incident:	
Location:	
Description of Incident:	(what happened, who was involved – use initials)
Impact on Quality:	(e.g. service disruption, non-compliance, safety risk)
Immediate Action Taken:	
Investigation (To be completed by Quality Manager or designated QA person)	
Investigation Summary	
Cause of Incident	
Corrective Action/Preventative Actions:	
Responsible Person:	
Completion Date:	
Review and Sign-off	
Reviewed by Quality Manager:	
Date of Review:	
Additional Comments:	

Appendix 2 Annual Quality Report Template:

Centre Information

Centre Name/Centre Code: _____

Centre Coordinator: _____

Contact Information: _____

Reporting Period

Start Date: _____

End Date: _____

1. **Key QA Activities**

Describe the key quality assurance activities undertaken during the reporting period.

2. **Developments**

Outline any new developments, initiatives or changes implemented during the reporting period.

3. **Challenges**

Identify any challenges encountered and how they were addressed.

4. **Improvement Actions**

List improvement actions taken or planned, including timelines and responsible persons.

5. Risk Register Summary

Summarise key risks identified and mitigation strategies.

6. Staff Involvement

Describe how staff were involved in QA activities and decision making.

7. Learner Feedback Summary

Summarise feedback received from learners and how it informed quality improvements.

8. Recommendations

Provide recommendations for future quality improvements.

Appendix 3 Risk Register Template

Centre	
Person Responsible	

Risk ID	Description	Impact	Mitigation Measures

Examples of Quality Management Risks

Risk ID	Description	Impact	Mitigation Measures
R1	Incomplete learner assessment records	High	Regular audits of learner folders, ensuring coordinator has sharing rights to all learner folders.
R2	Staff absences affecting programme delivery	High	Cross-training staff, maintaining up to date documentation.
R3	Non-compliance of QA procedures with QFW	Medium	Staff training in QFW
R4	Inadequate learner feedback	Medium	Implement surveys and review feedback from evaluations
R5	Delays in assessment marking and issuing or results to learners	High	Ensure all staff aware of internal deadlines, monitor progress.
R6	Data loss due to digital storage practices	High	Use secure cloud storage, regular backups. Ensure all folders are shared with coordinator.

R7	Lack of access to tutor work by coordinators	High	Enforce KWETB policy on monitoring and reporting Quality Management which requires shared access.
R8	Outdated course materials	Medium	Staff updates, communities of practice with centre to share materials
R9	Inadequate response to learner complaints	High	Ensure Complaints procedure in QFW is followed. Staff training