



Audit Report

1st4sport Qualifications

25 October 2017

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1 Background

This was the third audit of 1st4sport Qualifications (1st4sport) since it was approved as an awarding body by SQA Accreditation on 6 July 2011.

1st4sport is a brand of Coachwise Ltd and is an awarding body that has working relationships with various organisations in the active leisure, learning, and well-being sectors and which aims to develop and award high quality qualifications. 1st4sport's headquarters are situated in Armley, Leeds.

1.1 Scope

SQA Accreditation carries out quality assurance activity in line with its *Quality Assurance of Approved Awarding Bodies Policy*. This states the type and frequency of our quality assurance activities, describes our reporting procedures, and indicates how the awarding body's Quality Enhancement Rating is calculated.

As this was a full audit of 1st4sport, all regulatory requirements were included within the scope of the audit. Our quality assurance activities are conducted on a sampling basis and, consequently, not all aspects of the awarding body's systems, procedures, and performance have been considered in this report to the same depth.

SQA Accreditation audit reports are written by exception, focusing only on those areas where corrective action is required or recommended. Consequently, this approach to audit reporting does not detail areas where compliance or good practice was found.

The audit was designed to ensure 1st4sport complies with SQA Accreditation's regulatory requirements, namely:

- ◆ SQA Accreditation's *Regulatory Principles* (2014)
- ◆ all *Regulatory Principles Directives*
- ◆ the awarding body's Accreditation Licence

Awarding body documentation considered for review by the Audit Team includes all documents banked on 1st4sport's SharePoint site at the time of audit, and information supplied to support audit activity. Restricted or commercially sensitive information gathered during SQA Accreditation's quality assurance activities is treated in the strictest confidence.

1.2 Audit Report and Action Plan Timescales

1st4sport: audit date:	26 October 2017
Audit Report approved by: Accreditation Co-ordination Group on:	6 December 2017
Audit Report to be signed by 1st4sport:	2 February 2018
Action Plan to be e-mailed to regulation@sqa.org.uk by 1st4sport:	2 February 2018

The process will apply in relation to the timescales specified above:

- ◆ The awarding body will be sent two signed copies of the Audit Report by post.
- ◆ The awarding body must sign both copies of the Audit Report and return one by post to SQA Accreditation in accordance with the timescale specified above.
- ◆ The awarding body will also be e-mailed a copy of the Audit Report (for information only) and an electronic copy of the Action Plan.
- ◆ The awarding body must complete and return the Action Plan in accordance with the timescale specified above and e-mail this in Microsoft Word format to regulation@sqa.org.uk.
- ◆ SQA Accreditation will confirm when the Action Plan is appropriate to address the Issues and present it to the Accreditation Co-ordination Group (ACG) for approval.
- ◆ Following approval by ACG, the awarding body will be sent two signed copies of the approved Action Plan by post.
- ◆ The awarding body must sign both copies of the Action Plan and return one by post to SQA Accreditation.

The findings of this Audit Report and the associated Action Plan will be published on SQA Accreditation's website following signed agreement.

SQA Accreditation will continually monitor progress towards completion of the proposed actions identified in the Action Plan and update the awarding body's Quality Enhancement Rating as appropriate.

1.3 Summary of Audit Issues and Recommendations

An Issue has been recorded where evidence shows that the awarding body is not compliant with SQA Accreditation's regulatory requirements. The awarding body must address the Issues and specify corrective and preventative measures to address them through its Action Plan.

The Action Plan is e-mailed to 1st4sport as a separate document to the Audit Report, and must be submitted to SQA Accreditation in accordance with the timescale specified in 1.2.

As a result of the audit and post-audit activities, eight Issues have been recorded and three Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 1	In order to demonstrate compliance with Regulatory Principles, the Accreditation Auditors discussed the need to see the evidence and output of key committees, and the respective terms of reference, in order to help determine the timeframes in which they convene, the quorum, and the composition of the committees. This evidence was not provided despite being requested at the time of the discussions.	Medium
2. Principle 3, 8	The Accreditation Auditors asked to review the awarding body business plan, strategic direction and operational plans in order to evidence business planning, decision making and management commitment to Scotland and SQA Accreditation. The awarding body representative explained that due to being in the role for only a short period, he was unsure whether he had the authority to evidence the overarching business plan and strategic direction of the organisation without prior permissions from higher level business representatives. Furthermore, it was stated that even if they were able to evidence, it would not make reference to Scotland or SQA Accreditation at all as the business's focus was elsewhere.	Medium
3. Principle 4, 5, 6	Awarding body representatives explained that a major review of their Quality Management System (QMS) — including policies and procedures — had been instigated and was in progress. Unfortunately, as the awarding body did not make the Accreditation Auditors aware of this prior to the audit, the policies used to inform the audit were significantly out of date and many processes were no longer relevant, nor followed.	Medium

4. Principle 6	The documents reviewed prior to the audit evidenced the awarding body utilising document version control systems. Documents stated the version number and date of when the particular version became live. However, there was no review date noted on the policy or contained centrally.	Low
5. Principle 10	In reviewing the external verification activities, it was identified that non-compliances were raised in several annual external verification reports from 2014, one of which was then subsequently closed out in 2016. This could not be substantiated by evidence. There was no evidence banked nor a rationale as to why the actions were eventually closed out. Additionally, records reviewed from the sample provider evidenced an action point that should have been closed out on 1/10/2017, but which remained outstanding as of the date of audit (25/10/17), with no notification as to why it had not been closed out or if any evidence had since been received.	Medium
6. Principle 10 and 6	<p>The documents provided on SharePoint prior to the audit did not clarify the annual quality assurance cycle of providers, either in terms of the timescales of monitoring, or the types of monitoring activity undertaken. No External Verification (EV) guidance could be evidenced to clarify this regime.</p> <p>Furthermore, the provider monitoring system, 'Athena', had various quality assurance reporting inputs, however it was not easy to distinguish what monitoring activity had occurred.</p> <p>Additionally, the Accreditation Auditors could not identify any document or policy that set out the expectations of EVs and Co-ordinating EVs (CEVs) in relation to ongoing performance reviews and CPD requirements.</p>	Medium
7. Principle 10	The Accreditation Auditors identified that there was no centralised awarding body oversight with regards to EV scheduling. Each EV is responsible for scheduling their own provider allocation. The awarding body does not appear	Medium

	<p>to review this periodically to ensure that EVs are conducting their allocation within a reasonable timescale. Therefore, there is a potential financial and staff resourcing risk to the awarding body.</p>	
<p>8. Principle 10</p>	<p>It appears the EV is not able to navigate the e-portfolio system independently of provider navigation, as a consequence, the quality assurance element may be compromised and therefore may not be considered robust. Secondly, an action point should not have been placed on the provider for a failure of awarding body EV knowledge. This is a knowledge gap of the EVs that should have been addressed at awarding body level, through adequate training and/or support — whichever the awarding body deemed fit for purpose and robust. To compound the issue, the action point raised was closed off in June 2016, but there was no evidence/statement or audit trail to demonstrate sufficiently closing out the action point.</p>	<p>High</p>

A Recommendation has been noted where SQA Accreditation considers there is potential for improvement. The awarding body is advised to address any Recommendations noted as good practice. However, measures to correct or prevent these are not mandatory and therefore do not form part of the Action Plan.

Recommendation	Detail of Recommendation noted
1. Principle 1	The Accreditation Auditors consider it best practice and therefore recommend capturing conflicts of interest proactively by asking all individuals to complete and sign a conflict of interest declaration annually.
2. Principle 1	Awarding body representatives updated the Accreditation Auditors as to the organisation personnel changes, and in order to confirm the changes and provide an accurate representation of roles and directorates within the organisation, it is recommended that the awarding body produce an organogram.
3. Principle 10	The EV has no formal training on e-portfolio systems, independent navigation may be limited and as a consequence they may be reliant on the provider navigating the system for them.

1.4 Risk Rating of Issues

SQA Accreditation assigns a rating to each Issue recorded, depending on the impact on or risk to the awarding body's operations, its SQA accredited qualifications and/or the learner. Issues recorded during the audit will count towards 1st4sport's Quality Enhancement Rating which will, in turn, contribute towards future quality assurance activity. Further detail on how the Quality Enhancement Rating is calculated can be found on the [SQA Accreditation website](#).

2 Detail of Audit Issues and Recommendations

The following sections detail Issues recorded and Recommendations noted against SQA Accreditation's regulatory requirements.

2.1 Issues

Regulatory Principle 1. The awarding body shall have clearly defined and effective governance arrangements.

Documentation reviewed prior to the audit made reference to key committee groups within the awarding body. These key committee groups informed the awarding body direction, in particular: Coachwise Board, Coachwise EMT, 1st4sport SMT, and Business Continuity Group. The Accreditation Auditors were made aware of the significant changes both in regard to personnel and quality management system (QMS), however, it was confirmed that the committees and board still convene and therefore remain relevant to the governance of 1st4Sport and of Coachwise overall. The Accreditation Auditors discussed the need to see evidence and output from the committees and the respective terms of reference in order to help determine the timeframes in which they convene, the quorum, and composition of the committees. This will demonstrate compliance with regulatory principles. This evidence — despite being requested at the time of the discussions — was not provided.

This has been recorded as **Issue 1**.

Regulatory Principle 3. The awarding body shall have clearly defined business planning processes which show evidence of management commitment, decision making and ongoing review.

Regulatory Principle 8. The awarding body shall ensure that SQA Accreditation is granted access to all information pertaining to SQA accredited qualifications.

On the day of the audit, the Accreditation Auditors asked to review the awarding body business plan, strategic direction, and operational plans in order to evidence business planning, decision making and management commitment to Scotland and SQA Accreditation. The awarding body representative explained that due to being in the role for only a short period, he was unsure whether or not he had the authority to evidence the overarching business plan and strategic direction of the organisation without prior permission from higher level business representatives. Furthermore, it was stated that even if they were able to provide evidence, it would not make reference to Scotland or SQA Accreditation at all, as the business's focus was currently elsewhere. It should be noted that the awarding body representative did evidence the directorate's objectives, which inform the strategy and business planning of the wider organisation. The Accreditation Auditors appreciated this, however, they did require full access to the information in order to understand the wider direction of the organisation, regardless of whether these items reflected a Scottish strategy or not.

This has been recorded as **Issue 2**.

Regulatory Principle 4. The awarding body shall continually review the effectiveness of its business services, systems, policies and processes.

Regulatory Principle 5. The awarding body shall provide clear information on its procedures, products and services and ensure that they are accurate and appropriate to SQA accredited qualifications.

Regulatory Principle 6. The awarding body and its providers shall maintain accurate documents, records and data.

The Accreditation Auditors reviewed the documents that the awarding body had uploaded to SharePoint prior to the audit. It was noted that the majority of documents banked were from 2012 and 2014. Discussions took place with the awarding body representatives as to the currency of these and whether the policies and procedures were still used. It was confirmed that in the majority of cases, these documents were no longer appropriate due to the significant QMS changes taking place. Awarding body representatives explained that a major review of their QMS — including the policies and procedures — had been instigated and was in progress. Unfortunately, as the awarding body did not make the Accreditation Auditors aware of this prior to the audit, the policies used to inform the audit were significantly out of date and many processes were no longer relevant, nor followed.

This has been recorded as **Issue 3**.

Regulatory Principle 6. The awarding body and its providers shall maintain accurate documents, records and data.

The documents reviewed prior to the audit evidenced the awarding body utilising document version control systems. Documents stated the version number and the date on which the particular version became live. However, there was no review date noted either on the policy or contained centrally.

This has been recorded as **Issue 4**.

Regulatory Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

Regulatory Principle 6. The awarding body and its providers shall maintain accurate documents, records and data.

The Accreditation Auditors carried out a review of the awarding body provider management system, 'Athena'. The review consisted of sampling a provider delivering SQA accredited provision. In reviewing the external verification activities, it was identified that non-compliances were raised in several annual external verification reports from 2014, which were then subsequently closed out in 2016. This could not be substantiated by evidence. There was no evidence banked nor a rationale as to why the actions were eventually closed out. Additionally, records reviewed from the sample provider indicated an action point that should have been closed out on 1/10/2017 but which remained outstanding as of the date of audit (25/10/17), with no notifications as to why this had not been closed out or if any evidence had been received.

This has been recorded as **Issue 5**.

Regulatory Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

The Accreditation Auditors discussed the quality assurance mechanisms for monitoring awarding body providers. The documents provided prior to the audit on SharePoint did not clarify the annual quality assurance cycle of providers, either in terms of timescales of monitoring or the types of monitoring activity undertaken. During discussions it became apparent that the awarding body conducts three types of provider monitoring: internal quality reviews, provider visits, and desktop reviews undertaken by the external verifier (EV). However, no EV guidance could be evidenced that clarified this regime. Furthermore, the provider monitoring system, 'Athena', had various quality assurance reporting inputs. However, it was not easy to distinguish which monitoring activity had occurred. The awarding body representative noted the name of the individual who created the quality monitoring record, and that is how it became known that it was an internal quality assurance review of provider policies.

Additionally, the Accreditation Auditors could not identify any document or policy that set out expectations of EVs and Co-ordinating EVs (CEVs) in relation to ongoing performance reviews and CPD requirements.

This has been recorded as **Issue 6**.

Regulatory Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

The Accreditation Auditors identified that there was no centralised awarding body oversight in regards to EV scheduling. Each EV is responsible for scheduling their own provider allocation. The awarding body does not appear to periodically review this to ensure that EVs are conducting their allocation in a reasonable timescale. Therefore, there is a potential financial and staff resourcing risk to the awarding body.

This has been recorded as **Issue 7**.

Regulatory Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

The Accreditation Auditors carried out a system review of the awarding body internal provider management system, Athena. As part of this review, provider quality assurance mechanisms were analysed. During these discussions it was identified that certain providers use a third party e-portfolio system, to record and quality assure their learners generated evidence, which the Accreditation Auditors have no concerns with. The awarding body representatives were asked if the EV navigates the e-portfolio system independently or allows the provider to guide them, to which they confirmed the latter. The Accreditation Auditors understand that where a system as such is introduced, a certain amount of guidance should be provided to the EV, initially, in order for them to understand and navigate the system. However, the concern lies with the potential that, as the EV has no formal training on e-portfolio systems, independent navigation may be limited and as a consequence they may be reliant on the provider navigating the system for them.

Considering this as a recommendation separately, however, the following additional factors lead to the issue. When analysing the provider quality assurance reports, it was identified that in May 2016 the EV had raised a quality assurance action point against the provider to contact the third party e-portfolio supplier with a view to ascertaining how to interrogate the system more comprehensively. This was not for the benefit of the provider but for the benefit of the EV when conducting future e-portfolio reviews. The Accreditation Auditors, after reviewing all evidence now consider this to be an Issue on two fronts — firstly, EVs should be able to navigate an e-portfolio system independently in order to mitigate any potential manipulation of evidence by a provider and to reduce any risk of malpractice. In the case of not being able to do this, due to what appears to be an absence of formalised e-portfolio training, the quality assurance element may be compromised and therefore may not be considered robust. Secondly, the action point should not have been placed on the provider for a failure of awarding body EV knowledge. This is a knowledge gap of the EVs that should have been addressed at awarding body level, through adequate training and/or support — whichever the awarding body deemed fit for purpose and robust. To compound the issue, the action point raised was closed off in June 2016, but there was no evidence/statement or audit trail to demonstrate sufficiently closing out the action point.

This has been recorded as **Issue 8**.

2.2 Recommendations

Regulatory Principle 1. The awarding body shall have clearly defined and effective governance arrangements.

The Accreditation Auditors reviewed the procedures for capturing conflicts of interest of those working within and for the awarding body. It was determined that capturing and logging of conflicts was *ad hoc*, and only took place when an individual brought a conflict to the attention of the appropriate awarding body staff members. In the interest of best practice, the Accreditation Auditors recommend capturing conflicts of interest proactively by asking all individuals to complete and sign a conflict of interest declaration annually.

This has been noted as **Recommendation 1**.

Awarding body representatives updated the Accreditation Auditors as to the organisation personnel changes, and in order to confirm the changes and provide an accurate representation of roles and directorates within the organisation, it is recommended that the awarding body produce an organogram.

This has been noted as **Recommendation 2**.

Regulatory Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

The Accreditation Auditors carried out a system review of the awarding body internal provider management system, Athena. As part of this review, provider quality assurance mechanisms were analysed. During these discussions it was identified that certain providers use a third party e-portfolio system, to record and quality assure their learners generated evidence, which the Accreditation Auditors have no concerns with. The awarding body representatives were asked if the EV navigates the e-portfolio system independently or

allows the provider to guide them, to which they confirmed the latter. The Accreditation Auditors understand that where a system as such is introduced, a certain amount of guidance should be provided to the EV, initially, in order for them to understand and navigate the system. However, the concern lies with the potential that, as the EV has no formal training on e-portfolio systems, independent navigation may be limited and as a consequence they may be reliant on the provider navigating the system for them. Therefore, the Accreditation Auditors initially considered the situation to be a potential Recommendation.

This has been noted as **Recommendation 3**.

3 Acceptance of Audit Findings

For and on behalf of 1st4sport
Qualifications:

For and on behalf of SQA Accreditation:

Print name

Print name

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Signature

Signature

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Designation

Designation

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Date

Date

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