



Audit Report

The British Horse Society Qualifications (BHSQ)

21 April 2022

Contents

| | | |
|----------|---|-------------------------------------|
| 1 | Background | 1 |
| 1.1 | Scope | 1 |
| 1.2 | Audit Report and Action Plan Timescales | 2 |
| 1.3 | Summary of Audit Issues and Recommendations | 3 |
| 1.4 | Risk Rating of Issues | 5 |
| 2 | Detail of Audit Issues and Recommendations | 6 |
| 2.1 | Issues | 6 |
| 2.2 | Recommendations | 6 |
| 3 | Acceptance of Audit Findings | Error! Bookmark not defined. |

1 Background

This was the 16th audit of The British Horse Society Qualifications (BHSQ) since it was approved as an awarding body by SQA Accreditation on 2 April 1993.

BHSQ is an awarding body which works in partnership with a variety of organisations such as Lantra, to develop and award Scottish Vocational Qualifications (SVQs) for the equestrian industry.

BHSQ's headquarters are in Kenilworth, Warwickshire, CV8 2XZ. Due to the ongoing COVID-19 pandemic, the audit was conducted remotely.

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 BHSQ, 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 BHSQ complies with SQA Accreditation's regulatory requirements namely:

- ◆ *SQA Accreditation's Regulatory Principles (2021)*
- ◆ 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 BHSQ'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

| | |
|--|----------------|
| BHSQ audit date: | 21 April 2022 |
| Audit Report approved by Accreditation Co-ordination Group on: | 6 July 2022 |
| Audit Report to be signed by BHSQ: | 18 August 2022 |
| Action Plan to be emailed to regulation@sqa.org.uk by BHSQ: | 18 August 2022 |

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

- ◆ The awarding body will be sent a signed copy of the Audit Report by email.
- ◆ The awarding body must sign the copy of the Audit Report and return by email to SQA Accreditation in accordance with the timescale specified above.
- ◆ The awarding body will also be emailed a copy of the Action Plan.
- ◆ The awarding body must complete and return the Action Plan in accordance with the timescale specified above and email 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 Accreditation Co-ordination Group (ACG) for approval.
- ◆ Following approval by ACG, the awarding body will be sent a signed copy of the approved Action Plan by email.
- ◆ The awarding body must sign the copy of the Action Plan and return by email 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 emailed to BHSQ 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, two Issues have been recorded and two Recommendations have been noted.

| Issue | Detail of Issue recorded | Risk rating |
|---------------------------|---|-------------|
| 1. Principle 3, 4, 10, 11 | The Qualification Review process omitted timeframes for engaging with SQA Accreditation, instead depending on long-standing staff members' knowledge. This highlighted a gap in contingency planning, as these aspects are not formalised in a process or policy. | High |
| 2. Principle 4, 13 | Certain awarding body's policies and processes were identified to not fully reflect current practice. Specifically, the awarding body risk policy and risk register and the external quality assurance processes and provider guidance documentation. | Medium |

A Recommendation has been noted where SQA Accreditation considers there is potential for enhancement. The awarding body is advised to address any Recommendations in order to reinforce ongoing continuous improvement. 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 2, 3, 4 | It is recommended that the awarding body consider formalising key decisions and actions in a separate, easily accessible way, rather than embedding them within board minutes. |
| 2. Principle 13 | It is recommended that the awarding body clarify the risk criteria used for providers and make them more transparent. |

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 BHSQ'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 3. The awarding body must have the necessary resources to effectively carry out their operational functions to meet regulatory requirements.

Regulatory Principle 4. The awarding body must demonstrate an effective approach to the identification and management of risk.

Regulatory Principle 10. The awarding body must ensure that its systems and processes for the identification, design, development, implementation and review of qualifications and assessments are fit for purpose.

Regulatory Principle 11. The awarding body must ensure that its qualifications portfolio is effectively managed, maintained and reviewed.

The awarding body Qualification Development and Review process details how the awarding body will engage with SQA Accreditation and the appointed Accreditation Manager at all stages of qualification development. However, with regards to the review of SQA Accredited qualifications, there was no evidence of a formalised process in terms of timescales for when to engage with SQA Accreditation to ensure relevant qualifications could be reviewed and accredited within required timeframes. Furthermore, on discussion, there was also a risk inherent in the reliance on staff knowledge of these engagement timeframes, rather than a documented process that could be referred to and followed in times where a contingency plan was required to be put in place. Therefore, the accreditation auditors consider a gap to exist in the awarding body's contingency planning. The auditors are aware that BHSQ does explicitly mention staff leaving the organisation as a risk in their Risk Register, but there remains a heightened concern that there appears to be a lack of full details of some processes and procedures for staff to follow if this were to happen.

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

Regulatory Principle 4. The awarding body must demonstrate an effective approach to the identification and management of risk.

Regulatory Principle 13. The awarding body and its providers must ensure that they have systems and processes which ensure the effective quality assurance of accredited qualifications.

The accreditation auditors reviewed a sample of awarding body policies, procedures and processes and in some cases, it appears that some do not reflect current awarding body practice.

Firstly, the BHSQ's Risk Management Policy along with the online BHSQ Risk Register. The accreditation auditors observed that the online Risk Register contained a lot of high-level risks and also assessed ratings of these risks post mitigation. This is good practice, but the

Risk Management Policy did not reflect this practice of reassessing risks post mitigation and it would be beneficial for the policy to do so.

Secondly, the awarding body's quality assurance process. The awarding body confirmed in discussion that there was a dual quality assurance process:

- ◆ an external verification (EV) visit, which reviews qualification delivery specifically on site
- ◆ a more general quality assurance desktop verification, which reviews provider policies and procedures remotely

This dual approach to quality assurance was not documented within procedures.

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

2.2 Recommendations

Regulatory Principle 2. The awarding body must demonstrate clearly defined business planning processes which show evidence of management commitment and decision making and ongoing review.

Regulatory Principle 3. The awarding body must have the necessary resources to effectively carry out their operational functions to meet regulatory requirements.

Regulatory Principle 4. The awarding body must demonstrate an effective approach to the identification and management of risk.

The accreditation auditors discussed with awarding body representatives how key decisions pertaining to COVID-19 were documented. It was confirmed that all strategic and operational decisions are documented in the board meeting minutes. A large sample of these was reviewed across the period from April 2020 to February 2022, and there was clear evidence of pertinent decisions being made and actions undertaken. However, given that COVID-19 is such a large-scale, persistent and impactful event, it is recommended that operational decisions and changes in response to it should be formally and separately recorded for easier reference and audit trail purposes, rather than only being recorded within the board meeting minutes. This should help ensure a more consistent approach to decision-making, as it will be possible to refer back easily to previous decisions, and to monitor and review any output actions.

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

Regulatory Principle 13. The awarding body and its providers must ensure that they have systems and processes which ensure the effective quality assurance of accredited qualifications.

The accreditation auditors reviewed the awarding body's external quality assurance information, and it is noted that a quality assurance visit to a provider will be based on the risk rating of the provider. However, it is not clear from the EQA forms that a risk rating is given to providers, nor is it clear what specific factors make up the risk rating given to a provider.

Therefore, it is recommended that the awarding body make the criteria for assessing risk more transparent and supply providers with such information, to help support their continued compliance.

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

