



Designated Quality Body  
in England

# Quality and Standards Review for Providers Applying to Register with the Office for Students

## London College of Business Studies



Review Report

February 2020

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## Summary of findings and reasons

Ref	Core practice	Outcome	Confidence	Summary of reasons
S1	The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks.	Met	High	<p>From the evidence seen, the review team considers that the standards set for the College's courses are in line with the sector-recognised standards defined in paragraph 342 of the OfS regulatory framework. The review team also considers that the standards described in the approved programme documentation are set at levels that are consistent with these sector-recognised standards and the College's academic regulations and policies should ensure that standards are maintained appropriately.</p> <p>The review team considers that, based on the evidence scrutinised, the standards that will be achieved by the College's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of the OfS regulatory framework. Based on this information the review team also considers that the College's academic regulations and policies will ensure that these standards are maintained. The team considers that staff fully understand the College's approach to maintaining these standards and that the evidence seen demonstrates they are committed to implementing this approach. Therefore, based on its scrutiny of the evidence provided, the review team concludes that this Core practice is met.</p>
S2	The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably	Met	High	Based on the evidence presented, the review team determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with those set by other UK providers. The review team considers that the standards

	comparable with those achieved in other UK providers.			<p>described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately.</p> <p>Therefore, the review team concludes, based on the evidence described above, that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and this Core practice is met.</p>
S3	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.	Met	High	<p>The review team concludes that the College has effective arrangements to ensure that the standards of the awards delivered in partnership are credible and secure. The team reached this conclusion as it found that the College operates within the requirements of its agreement with Pearson and complies with Pearson's frameworks, policies and systems. This allows for effective partnership between Pearson and the College to exist and ensures that there are clear and comprehensive regulations and policies to ensure that the standards of awards are credible and secure. Plans for maintaining standards in provision delivered in partnership are robust and credible. Staff understand their respective roles and responsibilities for academic standards. The agreement documentation with Pearson is up to date and covers the provision being offered. The external examiner confirms that the standards of the awards delivered by the College in partnership with Pearson are credible and secure. The review team therefore concludes that this Core practice is met.</p>

S4	The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	Met	High	The College uses external expertise, assessment and classification processes that are reliable, fair and transparent. The team found that staff demonstrate understanding of their roles and responsibilities for assessment, classification processes and the role of external expertise. Assessed student work shows that assessment and classification are carried out in line with the requirements of the College and Pearson, and assessment is at the appropriate level for each award. Students indicated that they consider assessment and classification processes to be reliable, fair and transparent. The external examiner's report confirms the reliability, fairness and transparency of assessment processes. External expertise is used in accordance with the regulations of the College and its awarding organisation. The College has processes for the consideration of external examiner reports through its deliberative structure, it gives due consideration to their comments and responds to recommendations. The review team therefore concludes that this Core practice is met.
Q1	The provider has a reliable, fair and inclusive admissions system.	Met	High	The review team found that the College has a reliable, fair and inclusive admissions system. The team reached this conclusion as it found that the College has clear policies relating to admissions in place, which are supported by appropriate procedures. The admissions requirements are commensurate with the appropriate level of entry, with the College's policy and the requirements of Pearson. Admissions records demonstrate that the policy and procedures are implemented effectively and that fair, reliable and inclusive admissions decisions are made. Entry qualifications are checked and verified, including checking the equivalence of non-UK qualifications.

				<p>Staff involved in admissions understand the requirements of the admissions policy and processes. Although documentation for the process of appointing and managing agents is not detailed, the team took account of the fact that the agent has no delegated responsibility for the admissions process and found that, on balance, the current relationship is managed effectively to ensure that the College's policies and requirements are adhered to. Students indicated that they had found the admissions process to be reliable, fair and inclusive. The information for applicants is transparent, accessible and fit for purpose. The review team concludes, therefore, that this Core practice is met.</p>
Q2	The provider designs and/or delivers high-quality courses.	Met	High	<p>The review team found that the College delivers a high-quality course. There are regulations and policies for course design and delivery which facilitate high-quality delivery. Programme design and definitive course documentation is in line with the expectations of Pearson and would underpin successful delivery through appropriate intended learning outcomes. The design and implementation of assessment is also in line with Pearson expectations. Students are positive about their programme and of teaching and learning. Observation of teaching sessions demonstrated clarity of objectives, good planning and organisation, sound method, appropriate content, effective use of resources and student engagement. The external examiner's report was positive about the quality of the programme. Staff were able to articulate how they aim to ensure high-quality delivery, and there is evidence of ongoing self-reflection and monitoring in order to ensure that delivery is further enhanced. The review team therefore concludes that the Core practice is met.</p>

Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Met	Moderate	The review team concludes that the College has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The review team reached this conclusion as the evidence suggests that staff are appropriately qualified and have a good understanding of their roles in delivering a high-quality academic experience. Observations of teaching indicated that staff are appropriately qualified and skilled. The College has appropriate procedures for recruitment, induction and support of staff. There are processes in place for staff appraisal and observation of teaching. There is evidence of training, and although this is currently primarily internally provided there is a stated commitment to the provision of training and development opportunities. The staffing strategy is based on the current financial and uncertain future regarding student numbers, and there are no robust and credible plans in place for recruiting additional support staff. However, students feel they are getting a high-quality experience from the staff, that there are sufficient staff and that they are adequately supported. The review team therefore concludes that on balance this Core practice is met.
Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Met	High	The review team concludes that the College has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. The team found that the College's strategies and plans for facilities, learning resources and student support are credible, realistic and linked to the delivery of successful academic and professional outcomes for students. Support services generally rely on informal mechanisms, and the provision relies on a small staff team undertaking multiple roles, which is sustainable for the current size of the provision. Staff

				have a clear understanding of their roles and have been able to support students appropriately. Students are satisfied with the resources, facilities and support they receive, and this positive view is supported by the team's direct assessment of the facilities. The review team therefore concludes that this Core practice is met.
Q5	The provider actively engages students, individually and collectively, in the quality of their educational experience.	Met	High	The review team concludes that the College actively engages students, individually and collectively, in the quality of their educational experience. The team reached this conclusion as it found that the College has a clear and effective approach to engaging students in the quality of their learning experience. There are ample formal and informal opportunities for students to engage, and communication between staff and students is effective. Student representatives are well represented in the College's committee structure, are well supported and feel involved in discussions about their educational experience, although Terms of Reference do not fully reflect practice in terms of student attendance at committees. The team considers that the lack of anonymity of module evaluation forms may impact on the integrity of the process, but there is nevertheless evidence of several mechanisms for student feedback and that students engage with these processes. The review team concludes, on balance, that this Core practice is met.
Q6	The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.	Met	High	The review team found that the College has fair and transparent procedures for handling complaints and appeals, which are accessible to students. The review team reached this conclusion as it found that there are clear policies and procedures in place for complaints and appeals, although the College reported that there have been no formal complaints and only two appeals.



				<p>The two examples of appeals seen by the team indicate that the policy was not strictly followed in terms of the grounds for the appeals; however, where the policy had not been followed it was to the benefit of the students. Notwithstanding lack of formal signposting about how to escalate the appeals further in correspondence with appellants, the College provided a clear and detailed response to the appeals it received. Although there were minor deviations from the procedures, these did not harm the integrity of the procedure or the interests of students. Although students whom the team met at the visit were unsure about how to find the procedures, the procedures for handling complaints and appeals are available to students through the student portal, there is evidence that complaints are covered at induction and the Student Programme Handbook refers to appeals. The College has processes for monitoring and learning from complaints and appeals through its committees and the annual monitoring process. The review team concludes, therefore, that on balance this Core practice is met.</p>
Q8	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.	Met	High	<p>The review team concludes that the College has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them. The team reached this conclusion as it found that the College operates within the requirements of its agreement with Pearson and complies with Pearson's frameworks, policies and systems and thus allows for effective partnership between Pearson and the College to exist. Staff understand their roles and responsibilities for providing a high-quality academic experience and comply with Pearson requirements and regulations. The agreement documentation with Pearson is up to date</p>

				and covers the provision being offered. The external examiner comments positively on the quality of the academic experience and students regard their experience as high-quality. The review team therefore concludes that this Core practice is met.
Q9	The provider supports all students to achieve successful academic and professional outcomes.	Met	Moderate	The review team found that the College supports all students to achieve successful academic and professional outcomes. The College has policies for student support that enable positive academic and professional outcomes. Assessed student work demonstrates that students receive comprehensive, helpful and timely feedback. Staff understand their role in supporting student achievement. The processes of Individual Learning Plans, tutorials and study skills support ensure that student needs are identified and monitored. Some aspects of student support are as yet untested and plans for future staffing of student support mechanisms are not definitive, robust or credible, being dependent on how the College develops in terms of its student numbers and its ability to recruit appropriate support staff. Students nevertheless feel very well supported to achieve successful academic and professional outcomes. The review team concludes that, on balance, this Core practice is met.

## About this report

This is a report detailing the outcomes of the Quality and Standards Review for providers applying to register with the Office for Students (OfS), conducted by QAA in February 2020, for London College of Business Studies

A Quality and Standards Review (QSR) is a method of review QAA uses to provide the OfS with evidence about whether new providers applying to be on the OfS Register meet the Core practices of the UK Quality Code for Higher Education (the Quality Code), based on evidence reviewed by expert assessors. This report is structured to outline the review team's decisions about the provider's ability to meet the Core practices through detailing the key pieces of evidence scrutinised and linking that evidence to the judgements made.

The team for this review was:

Name: Dr Emma Jeanes

Institution: University of Exeter

Role in review team: Subject reviewer Business and Management

Name: Dr David Silbergh

Institution: London College of Commerce

Role in review team: Institutional reviewer

The QAA Officer for the review was: Ms Julia Baylie.

The size and composition of this review team is in line with published guidance and, as such, is comprised of experts with significant experience and expertise across the higher education sector. The team included members with experience of a similar provider to the institution, knowledge of the academic awards offered and included academics with expertise in subject areas relevant to the provider's provision. Collectively the team had experience of the management and delivery of higher education programmes from academic and professional services perspectives, included members with regulatory and investigative experience, and had at least one member able to represent the interests of students. The team included at least one senior academic leader qualified to doctoral level. Details of team members were shared with the provider prior to the review to identify and resolve any possible conflicts of interest.

## About London College of Business Studies

London College of Business Studies (the College) is a small independent college offering higher education located in Ilford. All teaching is delivered at the College's premises in Ilford. The College relocated to Ilford in April 2019, having previously been based in Leyton since 2017.

The College, formerly known as AA Hamilton College, was founded in 2005 with the primary aim to widen access to further and higher education in the UK. The College's mission is 'to contribute to the worldwide community through the pursuit of high-quality yet affordable education and learning, striving to achieve the high level of excellence and performance for our learners'. The College recruits UK and EU students.

The College currently has 84 full-time students enrolled on a Pearson Regulations Qualifications Framework HNC/D in Business. The programme has been delivered since 2018 and is therefore in the second year of full delivery. The College has aspirations to

recruit up to 300 students a year to the programme in the future, but the numbers for which student finance is currently available is up to 90.

The College is headed by a small team of management staff: the Principal and a senior management team consisting of a Director of Standards and Enhancement, Head of Academics and Head of Administration. There is a Board of Trustees, which has three members, which oversees the work of the College. At the time of the College's submission for the review, there were four academic staff and a small number of support staff, with many of the support roles being covered by two of the senior staff. The Programme Leader role for the HND Business was also vacant at the time of the review visit, and the post was being covered by the Head of Academics and the Head of Administration.

## **London College of Business Studies and Pearson Education Ltd: Responsibilities**

London College of Business Studies offers Higher National programmes in the scope of this review that lead to an award from Pearson Education Ltd.

Pearson Education Ltd (Pearson) is an awarding organisation that has its qualifications, examinations and assessments regulated by the Office of Qualifications and Examinations Regulation (Ofqual). As an awarding organisation Pearson creates Ofqual-regulated curricula (which include detailed learning outcomes) as well as programme specifications and handbooks. Pearson also issues certificates to students when providers submit evidence that its students have completed the relevant programme of study to the standard required.

Pearson devolves responsibility for the recruitment, teaching, support and assessment of students to providers and uses information gained from the initial approval and subsequent external examiner visits to determine if the relevant sector-recognised standards continue to be met. The provider should also have in place processes and procedures to ensure that the learning materials and the learning and teaching strategy are regularly reviewed and modified as appropriate to ensure their continued relevance and validity.

As set out in BTEC Centre Guide to Quality Assurance (2018-19) providers are specifically responsible for:

- Preparing for external examiner visits and seriously considering and acting upon recommendations which are outcomes of visits.
- Designing effective learning materials and a learning and teaching strategy that meets the learning outcomes of the Higher Nationals.
- Putting in place processes and procedures to ensure that the learning materials and the learning and teaching strategy are regularly reviewed and modified as appropriate to ensure their continued relevance and validity.
- Providing definitive programme information relating to the Higher Nationals as delivered at their institution, including a tailored programme specification.
- Operational responsibility for ensuring that students have appropriate opportunities to show they have achieved the intended learning outcomes and grading descriptors (where appropriate). This includes responsibility for setting assessments in direct compliance with Pearson requirements.

- First marking of students' work.
- Giving feedback to students on their work.
- The admission of students including promoting and marketing the programme; setting admissions criteria; selecting applicants; making offers and enrolment, induction and orientation of new students and making student registrations in a timely fashion.
- Widening access so that all students have an equal opportunity to access their qualifications and assessments.
- The appointment of teaching staff and ensuring they have the right skills and experience to deliver a high-quality programme.
- Delivery of the programme, including provision of learning resources and all aspects of learning and teaching strategy. Appointment of teaching staff. Strategic oversight of the identification and provision of learning resources to enable students to develop their academic, personal and professional potential, including provision for students with additional learning needs.
- Developing, implementing and facilitating arrangements and processes that ensure the engagement of students, individually and collectively, in the enhancement and assurance of the educational experience.
- Ensuring appropriate processes are in place to routinely monitor and periodically review the programme as delivered by them and to keep under constant review all aspects of standards management, quality assurance and day-to-day delivery of the programme.
- Implementation of a fair and accessible complaints procedure for the informal, and where appropriate formal, investigation and determination of a student complaint.

Prior to delivery, any provider must be approved by Pearson to deliver the relevant qualifications. Once approved, providers must register students with Pearson and then be subject to annual visits from Pearson-appointed external examiners to determine if the delivery of the qualifications is in line with the published specifications. Providers are also required to submit provider-wide evidence of review of their higher education Pearson provision annually and some providers are subject to annual academic management review (AMR) visits.

As such, Pearson does not have direct relationships with the students of a provider but does provide online support materials (<https://hnglobal.highernationals.com/>). Pearson also accepts complaints or academic appeals from students if the students do not feel that these issues have been dealt with appropriately by the provider.

## How the review was conducted

The review was conducted according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

When undertaking a QSR all 13 of the Core practices are considered by the review team. However, for this review it was clear that the provider does not offer a research degree

programme, therefore the review team did not consider Q7 (where the provider offers research degrees, it delivers these in appropriate and supportive research environments).

To form its judgements about the provider's ability to meet the Core practices, the review team considered a range of evidence that was submitted prior to the review visit and evidence gathered at the review visit itself. [Annex 1] To ensure that the review team focused on the principles embedded in the Core practices, and that the evidence considered was assessed in a way that is clear and consistent with all other reviews, the team used Annex 4 of the Guidance for Providers to construct this report and detail the key pieces of evidence seen. Annex 4 expects that review teams will sample certain types of key evidence using a combination of representative sampling, risk-based sampling and randomised sampling. In this review, the review team sampled the following areas for evidence for the reasons given below:

- To assess whether reliable, fair and inclusive admissions decisions were made, the team viewed a random sample of admissions files for 15 applicants. The sample included 14 successful applications and one rejected application.
- To test that assessed work reflects the relevant threshold standards; that marks and awards given to students are reasonably comparable with those achieved in other UK providers; that the standards of awards delivered in partnership are credible and secure; that assessment and classification are carried out in line with requirements; and that the feedback given to students on assessed work is comprehensive, helpful and timely, the team viewed a random and representative sample of assessed student work - three examples from three different modules at Level 4 and three from three different modules at Level 5 (a total of 18 pieces of assessed work) including work marked by a number of different members of staff. This was in addition to 12 examples of formative and summative feedback provided in the initial submission of evidence. The sample included pieces of assessed work which had resulted in merit or distinction grades as well as work which had resulted in referral and resubmission. The team requested for each module the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.
- To identify student views about the quality of courses sampled, student engagement in the quality their educational experience, and about student support mechanisms, the review team viewed an initial sample of five completed student feedback forms, and a further sample of nine from three different modules taught by different staff.
- To assess whether the staff are appropriately qualified and skilled to perform their roles effectively; that staff were recruited according to the College's policies and procedures; and to assess whether the roles are consistent with a high-quality experience, the review team considered job descriptions and CVs for a range of staff. Given the current staffing position of the College, there was not a need for a sampling approach and the team was able to view details of all senior roles, teaching roles and senior support roles.
- To test whether academic staff deliver a high-quality learning experience, the team observed two teaching and learning sessions. The sessions observed were selected from several teaching sessions which were taking place on the first day of the visit and included two different members of staff; decisions on which sessions to observe were based on the lesson plans provided and the activities being undertaken at the time scheduled for observations to take place. The team chose

the sessions it wished to observe on the day and the College did not have advance notice of which sessions would be observed.

- The College has had no formal complaints in the past two years and only two appeals in the same period. Therefore, the review team was not able to look at any samples of complaints. The team viewed the two appeals that had been received.
- As the College currently only delivers one programme, there was no requirement to select samples for external examiner reports or programme documentation.

Further details of all the evidence the review team considered are provided in Annex 1 of this report.

## Explanation of findings

### S1 The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks

1 To meet this Core practice a provider must ensure that threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks. The threshold standards for its qualifications must be articulated clearly and must be met, or exceeded, through the delivery of the qualification and the assessment of students.

2 The sector-recognised standards that are used in relation to this Core practice are those that apply in England, as defined in paragraph 342 of the OfS regulatory framework. That is, those set out in Table 1, in paragraphs 4.10, 4.12, 4.15, 4.17, 4.18, in paragraphs 6.13-6.18 and in the Table in Annex C, in the version of [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies](#) (FHEQ) published in October 2014. These sector-recognised standards represent the threshold academic standards for each level of the FHEQ and the minimum volumes of credit typically associated with qualifications at each level.

3 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

#### The evidence the team considered

4 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Pearson Qualification Approval [002]
- b LCBS Academic Assessment & Internal Verification Policy [003]
- c LCBS Quality Assurance Policy [004]
- d Annual Course and College Review 2018-19 [005]
- e HND programme specification [006]
- f Student Programme Handbook [007]
- g Pearson AMR report 2017-18 [008]
- h Pearson EV report April 2019 [009]
- i Grading criteria examples [010-012,202-204]
- j Assignment brief examples [013-014]
- k Formative feedback examples [015-020]
- l Summative assessed work and feedback examples [021-026, 105-110]
- m LCBS Standardisation meetings [027-029, 185-187]
- n Internal verification of assessment decisions [040-043]
- o Internal verification of assignment briefs [103-104]
- p HN Grading (Pearson) [112]
- q Pearson HN QA & Assessment Guide [113]



- r Programme Approval Policy [115]
- s Committee Structure and Terms of Reference [130]
- t Strategic Plan [140]
- u Tracking Sheet - HND Business [148]
- v Assessment Board minutes [167-171, 183-184]
- w Pearson HN Guide to External Examination [172]
- x Pearson HN Guide on Assessment and Feedback [173]
- y Annual monitoring report Action Plan [174]
- z Meeting with senior staff [M1]
- aa Meeting with academic staff [M3]
- bb Meeting with support staff (including senior staff acting in a support role) [M4]
- cc Final meeting. [M5]

5 Some of the key pieces of evidence outlined in Annex 4 were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

6 Third party endorsements as none are available for the provision on offer at the College.

### **How any samples of evidence were constructed**

7 To test that assessed work reflects the relevant threshold standards, the team viewed a random and representative sample of assessed student work: three examples from three different modules at Level 4 and three from three different modules at Level 5 (a total of 18 pieces of assessed work) including work marked by a number of different members of staff. This was in addition to 12 examples of formative and summative feedback provided in the initial submission of evidence. The sample included pieces of assessed work that had resulted in merit or distinction grades as well as work that had resulted in referral and resubmission. The team requested for each module the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

8 As the College currently only delivers one programme, there was not a requirement to select samples for external examiner reports or approved programme documentation.

### **Why and how the team considered this evidence**

9 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

10 The review team considered academic regulations and the assessment framework in order to identify the approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification. This included Pearson documentation: Guidance on Grading; [112] the Quality Assurance and Assessment Guide; [113] Guide to External Examination; [172] Guide on Assessment and Feedback; [173] and the College's own policies for internal verification, [003] quality assurance [004] and programme approval. [115] Grading criteria and details, [010-014, 202-204] evidence of internal verification, [103-104] and minutes of the Assessment Board [167-71,183-4] were also considered by the review team as part of its consideration of the institutional approach to marking and classification.

11 The review team considered documentation on the College's plans for maintaining sector-recognised standards in order to assess the robustness and credibility of the provider's plans for ensuring standards. This included the report of the most recent Pearson annual monitoring visit, [008] the external examiner's report, [009] the College's Annual Course and College Review report, [005] and the Strategic Plan. [140].

12 The review team considered approved course documentation consisting of the HND Programme Specification [006] and confirmation of approval by Pearson, [002] and the Student Programme Handbook [007] to test whether sector-recognised standards are consistent with the relevant national qualifications' frameworks.

13 Samples of assessed student work and feedback to students, [010-012, 015-020, 021-026, 105-110, 202-204, S3] grading information, [013-014, 103-104] evidence of internal verification of assignment briefs and grading criteria, [040-043, 103-104] minutes of standardisation meetings, [027-029, 185-187] and Pearson guidance on grading [112] were considered to test whether assessed work reflects the relevant sector-recognised standards.

14 The review team considered the external examiner's report [009] in order to check that the external examiner confirms that standards are consistent with the relevant national qualifications' frameworks and that credit and qualifications are awarded only where those sector-recognised standards have been met.

15 Meetings with staff [M1, M3, M5] were held to test that staff understand and apply the College's approach to maintaining sector-recognised standards.

### **What the evidence shows**

16 The review team's analysis of the evidence led to the following observations.

17 The review team found that the College operates within the requirements, regulations and guidance of its awarding organisation, Pearson. This ensures that the standards are in line with sector-recognised standards and that there are appropriate frameworks to support the maintenance of standards at threshold level. The College currently delivers a single programme, HNC/D Business, which follows the Regulations Qualifications Framework structure for the award developed by Pearson. The HNC/D programme operates and is managed within the requirements of the Pearson Quality Assurance and Assessment Guide, [113] and Pearson guidance on assessment grading, [112] external examiner arrangements, [172] and assessment and feedback. [173] The College also has its own internal procedures for assessment and internal verification, [003] and quality assurance. [004] These documents set out clear expectations and requirements for the maintenance of standards.

18 The College's Academic Assessment and Internal Verification Policy [003] sets out processes for setting assessments, marking and moderation. The internal verification process includes verification of assessment briefs, and moderation of a sample of marked work. The College ensures that its processes are closely aligned to Pearson requirements, which the team found to be a robust and credible approach to maintaining sector-recognised standards. The assignment briefs [013-014, 103-104] and grading criteria [010-012, 202-204] seen by the team showed that assessment briefs are set at the appropriate level, that briefs and grading criteria are internally moderated and that they are utilised in line with Pearson's guidance on assessment. [112] These processes ensure that course design and the associated processes are in line with Pearson's expectations. The Assessment Board's remit [130] is to ensure that assessment procedures are carried out in accordance with College and Pearson requirements. Minutes [167-171, 183-184] show that the Assessment Board confirms marks and agrees progress, and considers achievement at cohort and

individual level, and discusses external examiner comments.

19 The College has developed its own Policy for Programme Approval, [115] which at this stage in the organisation's development is appropriate in that it is mainly focused on the evaluation of demand for, and resourcing of, new programme ideas, which would then be developed through the processes of an appropriate awarding body or organisation. The team found that the College's use of Pearson's qualification structure and regulations, and the College's own procedures for quality assurance, assessment and internal verification ensure that there are clear and comprehensive academic regulations and frameworks to support the maintenance of academic standards at threshold level.

20 The College is in the second year of delivering the HND and has not yet had a cohort of students completing the award. Although indications are that the College, in working within the frameworks and requirements of Pearson, is maintaining sector-recognised standards, the review team was not able to see evidence of the College's provision longitudinally or at award level. The documentation on assessment seen by the team, and assessed student work, indicates that the College is applying appropriate sector-recognised standards and operating assessment processes with integrity. There has only been one external examiner visit since the College recommenced delivery of the HND. Although the external examiner's report from 2019 [009] was generally positive and raised no serious issues, because of the stage of delivery of the programme the examiner sampled only two modules and was not able to comment on the operation or performance of the programme as a whole, as no students have completed. Recommendations made in the report, regarding scheduling an assessment board between Level 4 and 5, and the need to monitor the appropriateness of the use of merit and distinction grades in a small number of instances, have been responded to by the College. The external examiner's report confirms that sector-recognised standards are consistent with the relevant sector-recognised standards and that credit is awarded only where those standards have been met.

21 The College had an Academic Management Review (AMR) visit from Pearson in April 2018. [008] The report of that visit was generally positive, although at the time there was only one student enrolled on the programme and the visit took place at the College's previous premises in Leyton. The review team was told that Pearson did not conduct an AMR visit in 2019, therefore the team was not able to see evidence of Pearson's views on the College and the programme over a sustained period. The College is also required to submit an annual report to Pearson in February each year, although the team saw evidence that, because of an administrative error with access to the Pearson upload system the deadline had been extended for 2020, [197] and this report was therefore not yet available for the team to view. The College also has its own annual monitoring report template for considering its performance at course and college level over the year: the Annual Course and College Review (ACCR) [005] and its associated action plan. [174] This report includes comments made by the external examiner [009] and how the College is responding to them. The ACCR [005] indicates that the College has considered and acted in response to comments made by the external examiner.

22 The College's Strategic Plan 2017-21 [140] includes aims and action points for a number of areas. Some aspects of the plan are dependent on the outcomes of OfS registration and the ability to grow student numbers above the current limit of 90. The ACCR report (005) and its action plan (174) include actions arising from the annual monitoring process through which the College reviews the performance of the programme and the operation of the College during the year and identifies actions to take forward. The College aims to continue the HND Business provision but to seek further partnerships through which it would offer additional programmes and progression opportunities, for example through articulation. In terms of maintaining standards, the College plans to continue to oversee the implementation of regulations and procedures through its committee structure and the

operation of its processes for assessment, internal verification, lesson observations and student feedback. [140] The review team found that the College has robust and credible plans for maintaining sector-recognised standards.

23 Definitive course documentation for the HNC/D programme, as produced by the College in accordance with Pearson's requirements, was provided to the review team. [006] The team was also provided with a student-friendly version of this key information in the shape of a Student Programme Handbook, [007] supplemented by evidence of Pearson's Qualification Approval. [002] The Programme Handbook includes details of the period of study, credit structure, requirements for progression between levels, teaching, learning and assessment strategies, assessment criteria (including the differentiation between Pass, Merit and Distinction grades) and the requirements for the final award. The definitive documentation therefore clearly indicates the requirements for achievement at threshold level, which are consistent with the relevant national qualifications' frameworks. The team therefore concluded that the sector-recognised standards for the programme are consistent with relevant national qualifications' frameworks.

24 Assessed student work, [021-026, 105-110, S3] including examples of formative and summative assessment, was scrutinised by the review team. This included grading information, [013-014] complete with evidence of internal moderation of assignment briefs, and grading criteria. [103-104] The team was also provided with evidence of the internal verification process [040-043] and minutes of the Standardisation Meetings [027-029] where staff consider assessments for each term, discuss and agree assessment briefs and approve the internal verification processes and sample size. [185-187] The samples also provided evidence of appropriate use of the grading criteria in providing summative feedback to students [010-012] [202-204] [S3] in line with Pearson's guidance on HN Grading [112] and formative feedback to students. [015-020] Assessment tasks were appropriate in level, aligned with learning outcomes, and tasks and criteria are internally verified. Marking criteria are clearly aligned to the learning outcomes and assessment criteria. Taken together, the evidence enabled the review team to conclude that the College has appropriate systems in place to safeguard sector-recognised standards and that credit and qualifications are awarded only where the relevant sector-recognised standards have been met.

25 Senior [M1, M5] and academic staff [M3] were able to engage in discussions about the assessment, marking and moderation processes and their contributions to the implementation of these processes. Staff demonstrated their understanding of sector-recognised standards and how they are attained and maintained. Academic staff confirmed that they were guided by Pearson requirements and criteria, and were able to explain to the team the processes for design and approval of assessment briefs and marking criteria, and the internal moderation process. The team found that staff understand and apply the approach to maintaining standards.

## **Conclusions**

26 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

27 From the evidence seen, the review team considers that the standards set for the College's courses are in line with the sector-recognised standards defined in paragraph 342 of the OfS regulatory framework. The review team also considers that the standards described in the approved programme documentation are set at levels that are consistent

with these sector-recognised standards and the College's academic regulations and policies should ensure that standards are maintained appropriately.

28 The review team considers that, based on the evidence scrutinised, the standards that will be achieved by the College's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of the OfS regulatory framework. Based on this information, the review team also considers that the College's academic regulations and policies will ensure that these standards are maintained. The review team considers that staff fully understand the College's approach to maintaining these standards and that the evidence seen demonstrates they are committed to implementing this approach. Therefore, based on scrutiny of the evidence provided, the review team concludes that this Core practice is met.

29 The review team found that through alignment with Pearson requirements the College ensures that the sector-recognised standards for the HNC/D programme are consistent with the relevant national qualifications' frameworks. Staff understand and apply the College's, and its awarding organisation's, approaches to maintaining standards. The College, through its compliance with the requirements of its awarding organisation, is embedding the achievement and maintenance of sector-recognised standards in its higher education offering and operates clear and comprehensive academic regulations and frameworks to support the maintenance of academic standards at the sector-recognised level. The team found that standards described in definitive course documentation are consistent with the relevant national qualifications' framework, and this is confirmed by the external examiner's report. Assessed student work demonstrates that credit and qualifications are awarded only where the relevant sector-recognised standards have been met, and this is confirmed by the external examiner.

30 The evidence reflects all the evidence described in the QSR evidence matrix. The College is in the second year of delivering the HND and has not yet had a cohort of students completing the award. Although the review team was not able to see evidence of the College's provision longitudinally or at award level, indications are that the College, in working within the frameworks and requirements of Pearson, has robust and credible plans for maintaining sector-recognised standards. Therefore, the review team has high confidence in this judgement.

## **S2 The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers**

31 This Core practice expects that the provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.

32 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

33 The QAA review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Pearson Qualification Approval [002]
- b Annual Course and College Review 2018-19 [005]
- c HND programme specification [006]
- d Pearson AMR Report 2017-18 [008]
- e Pearson EV Report April 2019 [009]
- f Assessed work and feedback examples [021-026, 105-110, S3]
- g HN Grading Guidance (Pearson) [112]
- h Pearson HN QA & Assessment Guide [113]
- i LCBS Strategic Plan 2018-21 [140]
- j Tracking sheet - HND Business [148]
- k Staff CPD Record [152]
- l Pearson HN Guide to External Examination [172]
- m Pearson HN Guide on Assessment and Feedback [173]
- n LCBS ACCR Action Plan 2018-19 [174]
- o Target-setting and Tracking [200]
- p Sample Analysis Assessment [S3]
- q Meeting with senior staff [M1]
- r Meeting with students [M2]
- s Meeting with academic staff [M3]
- t Meeting with support staff (including senior staff acting in a support role) [M4]
- u Final meeting. [M5]

34 Some of the key pieces of evidence outlined in Annex 4 were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

35 Third party endorsements as none are available for the provision on offer at the College.

## **How any samples of evidence were constructed**

36 To assess whether marks and awards given to students are reasonably comparable with those achieved in other UK providers, the review team considered assessed students' work: three examples from three different modules at Level 4 and three from three different modules at Level 5 (a total of 18 pieces of assessed work) including work marked by a number of different members of staff. This was in addition to 12 examples of formative and summative feedback provided in the initial submission of evidence. The sample included pieces of assessed work that had resulted in merit or distinction grades as well as work that had resulted in referral and resubmission. The team requested for each module the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

## **Why and how the team considered this evidence**

37 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

38 The review team considered policy documentation including the Pearson regulatory and framework documentation [113] and also the College's own documents for assessment and internal verification, [003] to identify the College's approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards.

39 The review team considered the College's plans for maintaining comparable standards through consideration of the Strategic Plan, [140] target-setting documentation, [200] achievement data, [148] and meetings with senior staff [M1, M5] in order to assess whether plans are robust, credible and evidence-based.

40 Approved course documentation consisting of the HND programme specification [006] and confirmation of approval by Pearson, [002] and key Pearson documents including the Pearson Quality Assurance and Assessment Guide [113] were looked at by the team in order to test whether specified standards beyond the threshold are comparable with other UK providers.

41 Assessed student work samples [021-026,105-110] [S3] and Pearson documentation on grading, [112] assessment [113, 172] and feedback [173] were scrutinised by the review team to test that processes for assessment are compatible with Pearson requirements and that marks and awards given to students are reasonably comparable with those achieved in other UK providers.

42 The team considered the external examiner's report [009] to check that the external examiner confirms that standards beyond the threshold are reasonably comparable with those achieved in other UK providers, and that credit and qualifications are awarded only where those standards have been met. The team also scrutinised the Pearson Annual Monitoring Report [008] and the College's Annual Review Report, which considered the external examiner's comments and the College's response. [005,147]

43 The review team held meetings with staff involved in assessment [M1,M3,M5] in order to check that they understand and apply the College's approach to maintaining

comparable standards.

44 The review team met students [M2] in order to assess whether students understand what is required of them to reach standards beyond the threshold.

### **What the evidence shows**

45 The review team's analysis of the evidence led to the following observations.

46 The College uses the Pearson Higher National Quality Assurance and Assessment Guide [113] as the principal source of information on the academic regulations and the assessment framework for the HND. The College's own Academic Assessment and Internal Verification Policy [003] sets out its arrangements for assessment, marking and moderation. Pearson sets out expectations on grading of assessments, providing a standard framework for marks and indicative characteristics for grades at pass, merit and distinction level. These are then contextualised to suit the specific assessment. Pearson also specifies principles for the number of submission opportunities, dealing with late submission and granting extensions. The adherence to the regulations and frameworks of Pearson, and the operation of the College's assessment and internal procedures, ensures that there are clear and comprehensive frameworks to support the maintenance of standards beyond the threshold that are reasonably comparable with other UK providers.

47 The College has a medium-term (2018-21) Strategic Plan [140] and an annual action plan [174] arising from its internal annual monitoring process. [005] Senior staff [M1] explained that the College had aimed to compare itself to other similar colleges, but in the final meeting [M5] they explained that it now preferred to compare itself not to other similar colleges but to national benchmark standards for achievement, and pointed the review team to the College's Target-Setting and Tracking document, [200] which sets out several targets for recruitment, retention, attendance, progression (between levels) and student feedback. College analysis of its Tracking Sheet [148] for HND Business suggests that achievement at the threshold is more widespread among the students than beyond the threshold, and the review team found no issues in respect of the College maintaining appropriate standards. The College provided evidence [005] that it has taken steps to respond to the external examiner's comments on the use of merit and distinction grades, which demonstrates a commitment to maintaining standards at the correct level. The review team found that the College's plans for maintaining standards are robust and credible.

48 Definitive course documentation for the HND provision, as produced by the College in accordance with Pearson's requirements, was provided to the review team, [006] supplemented by evidence of Pearson's Qualification Approval [002] demonstrating the awarding organisation's confidence in the provision matching national qualifications' framework standards. Pearson sets and monitors standards for the programme and ensures that learning outcomes align with the respective qualification descriptor in the relevant framework for higher education qualifications. [113] Given the degree of commonality across Pearson provision and the significant focus on standardisation and verification encouraged in the Guide to Quality Assurance and Assessment, [113] the review team found that the standards described in course documentation beyond the threshold level are reasonably comparable with those in other UK providers.

49 The bulk of the assessed student work sampled by the review team [021-026, 105-110, S3] was at the threshold level rather than above or below it. In all cases, whether student work had been graded at the threshold, below or above it, students were provided with clear explanations, at the level of each assessment criteria (which are in turn aligned to learning outcomes), as to why they had passed (or not) and why they had achieved (or not) above the threshold in terms of merit or distinction and how they could improve in the future.



This method of working is fully in line with the Pearson scheme: Higher National Grading, [112] Higher National Quality Assurance and Assessment Guide, [113] the Guide on Assessment and Feedback [173] and the Pearson external examiner procedures. [172] The alignment of assessments against learning outcomes and assessment criteria, aligned with Pearson requirements, ensures that marks given to students are reasonably comparable with those achieved in other UK providers and that credit and qualifications are awarded only where the relevant standards have been met.

50 As the programme has only been operational since 2018-19 there was only one external examiner report available, from 2019, [009] and this had limited scope as it had focused on two modules. The report was generally positive but made two recommendations, one concerning holding an assessment board between Level 4 and Level 5, and the other regarding the appropriateness of some of the merit and distinction grades awarded in a (very small) number of instances. The review team saw evidence that the College considered these comments as part of its annual monitoring process [005] and that both recommendations have been addressed, the latter clearly evidenced in the assessed work and student results presented in the evidence. [148] The external examiner's comments indicate satisfaction that standards beyond the threshold are reasonably comparable with those achieved in other UK providers.

51 In meetings with the team, senior [M1,M5] and academic [M3] staff were able to engage in discussions about their understanding of attainment beyond the threshold. Academic staff confirmed that they receive induction in the assessment procedures and Pearson requirements, and this was confirmed by continuing professional development records (CPD). [152] Academic staff also confirmed that there are regular team meetings where standards and assessment processes are discussed. The review team found that staff understand and apply the College's approach to maintaining comparable standards.

52 The review team found that students understand what is required to reach standards beyond the threshold. Students whom the team met at the visit [M2] were clearly aware of the broader framework of levels that helped set the expectations for their course. They told the team that they were given clear information on the assessment criteria and that they understand what is required to achieve grades at particular levels. Assessment briefs are clear, and they are explained to students by staff. Students consider that the assessment briefs and criteria give them the information to understand what is required, and how their marks will be allocated. Feedback enables students to understand the reason for their mark and how they could improve in the future in order to achieve marks at a higher level. The students also understand how the Pearson system of classifying awards works, and how their final HND award would be calculated, as these issues are set out in programme documentation and also discussed with students by the teaching staff.

## **Conclusions**

53 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

54 The review team, based on the evidence presented, determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with those set by other UK providers. The review team considered that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained

appropriately.

55 Therefore, the review team concludes, based on the evidence described above, that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and this Core practice is met.

56 The College is in the second year of delivering the programme and has not yet had a cohort of students completing the award. Indications are that the College, in working within the frameworks and requirements of Pearson, is ensuring that students are able to achieve standards above the threshold, although the review team was not able to see longitudinal evidence of the College's provision or details of the overall achievement of a completed cohort. The external examiner's report was of limited scope, but indicated that the standards are reasonably comparable with other UK providers and that credit and qualifications are awarded only where those standards have been met. The College's compliance with Pearson's frameworks, policies and systems ensures that there are clear and comprehensive regulations to support the maintenance of standards beyond the threshold level. The standards specified in course documentation are reasonably comparable with those in other UK providers, and assessed student work demonstrates that credit is only awarded where the relevant standards have been met. Staff demonstrated an understanding of the approach to maintenance of standards, and of the different expectations for achievement at and above the threshold. Students have a good understanding of what they need to do to achieve at each level, and assessed work shows that they receive feedback which clearly explains the reasons for their marks.

57 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix. The review team therefore has high confidence in this judgement.

### **S3 Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them**

58 This Core practice expects that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.

59 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

#### **The evidence the team considered**

60 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Pearson approval for Ilford Centre [001]
- b Pearson Qualification Approval [002]
- c LCBS Assessment and Internal Verification Policy [003]
- d LCBS Quality Assurance Policy [004]
- e Annual Course and College Review 2018-19 [005]
- f Pearson EV Report April 2019 [009]
- g Assessed work and feedback examples [021-026, 105-110, S3]
- h LCBS Standardisation meetings [027-029, 185-187]
- i Academic Committee minutes [030]
- j Internal verification of assessment decisions [040-043]
- k LCBS Work-based Learning Strategy [078]
- l HN Grading (Pearson) [112]
- m Pearson HN QA & Assessment Guide [113]
- n Pearson Centre Approval [114]
- o LCBS Strategic Plan 2018-2021 [140]
- p Pearson HN Guide to External Examination [172]
- q Pearson HN Guide on Assessment and Feedback [173]
- r LCBS ACCR Action Plan 2018-19 [174]
- s Target-Setting and Tracking [200]
- t Sample analysis assessment [S3]
- u Meeting with senior staff [M1]
- v Meeting with students [M2]
- w Meeting with academic staff [M3]
- x Meeting with support staff (including senior staff acting in a support role) [M4]
- y Final meeting. [M5]

61 Some of the key pieces of evidence outlined in Annex 4 were not considered by the review team. These pieces of evidence and the reason why they were not considered during

this review are outlined below:

62 Third party endorsements as none are available for the provision on offer at the College.

### **How any samples of evidence were constructed**

63 The team reviewed samples of assessed student work in order to assess whether standards of awards are credible and secure, thus confirming the effectiveness of the underpinning arrangements. The team viewed a random and representative sample of assessed student work: three examples from three different modules at Level 4 and three from three different modules at Level 5 (a total of 18 pieces of assessed work) including work marked by a number of different members of staff. This was in addition to 12 examples of formative and summative feedback provided in the initial submission of evidence. The sample included pieces of assessed work which had resulted in merit or distinction grades as well as work which had resulted in referral and resubmission. The team requested for each module the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

### **Why and how the team considered this evidence**

64 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

65 The relevant academic regulations and policies of Pearson and the College (including the guidance on grading, [112] the Pearson Quality Assurance and Assessment Guide, [113] the Pearson guidance on external examiner requirements [172] and the Pearson Guide on Assessment and Feedback, [173] the College assessment and verification procedures [003] and its Quality Assurance Policy [004]) were considered in order to enable the team to identify how the College ensures that the standard of awards is credible and secure where delivered in partnership.

66 The review team considered the College's plans for securing standards in partnership work, to assess whether the College has credible, robust and evidence-based plans for securing standards in partnership work. This included the Strategic Plan, [140] the Quality Assurance Policy, [004], Annual Course and College Review report [005] and action plan, [174] and information on target setting and tracking. [200]

67 Partnership agreements were reviewed by the team to assess the basis for the maintenance of academic standards in the College's partnership with its awarding organisation, and that these arrangements are in line with the College's regulations and policies, including the Pearson approval for Ilford, [001] Pearson qualification approval [002] and Pearson centre approval document. [114]

68 Assessed student work, [021-029,105-110, S3] evidence of internal verification [040-043] and Standardisation Meeting minutes [027-029,185-187] were considered by the review team to test that standards are credible and secure, thus confirming the effectiveness of underpinning arrangements.

69 The review team examined the arrangements for external examining, as set out by

Pearson in its guidance on quality assurance and assessment [113] and external examining, [172] the external examiner's report, [009] and the College response to it as evidenced in the Annual Course and College Review report [005] and minutes of the Academic Committee, [030] in order to test whether the external examiner considers that standards are credible and secure, thus confirming the effectiveness of the underlying arrangements.

70 The review team met senior and academic staff [M1,M3,M5] in order to test that they understand and discharge effectively their responsibilities to the awarding organisation.

### **What the evidence shows**

71 The review team's analysis of the evidence led to the following observations.

72 Pearson ensures that the standards of its awards are credible and secure where these are delivered by partners, including ensuring alignment with its Higher National Quality Assurance and Assessment Guide, [113] as well as additional documents such as Guidance on Grading [112] and the Guide on Assessment and Feedback. [173] The College also has its own policies and procedures to support assessment and internal verification and to ensure that it is operating within the requirements of its awarding partner, including procedures for assessment and internal verification [003] and quality assurance. [004] The review team found that the application of Pearson's requirement and regulations, in conjunction with the College's own procedures, ensures that there are clear and comprehensive regulations and policies and arrangements for the management of the partnership to ensure that the standards of awards are credible and secure.

73 The review team considered a range of evidence in respect of the College's plans for operation of the partnership with Pearson, including the Strategic Plan, [140] the Annual Course and College Review [005] and its associated action plan, [174] and performance targets which the team was told had been benchmarked against national average performance. [200] The Strategic Plan indicates that the College aims to continue the HND Business provision and to continue to oversee the implementation of regulations and procedures through its committee structure and the operation of its processes for assessment, internal verification, lesson observations and student feedback. [140] The review team found that the College has robust and credible plans for maintaining standards in the provision delivered in partnership with Pearson.

74 The partnership agreement with Pearson takes the form of correspondence on confirmation of Centre approval [114] and programme approval, [002] all set within the context and providing links to broader quality parameters for partnerships established by Pearson as the awarding organisation, including the Quality Assurance and Assessment Guide. [113] The partnership agreement with Pearson is up to date and covers the provision currently offered by the College, including confirmation in June 2019 of approval of the delivery of the HNC/D programme at the new Ilford premises. [001] Partnership agreements are clear and comprehensive, up-to-date and reflect the regulations and policies of the College's awarding partner.

75 Pearson appoints an external examiner for each programme. The College is required to provide information and documentation to support the examiner's scrutiny of the processes, and is also required to ensure that external examiner feedback is part of the College's broader system of quality assurance and enhancement. [172] The external examiner's report [009] confirms overall satisfaction with the provision, and indicates that the standards of awards are credible and secure. Minutes of the Academic Committee [030] and the College's annual monitoring report [005] demonstrate that the College discusses the external examiner's comments and ensures that recommendations are addressed.

76 Assessed student work [021-026, 105-110, S3] was sampled by the team. Taken

together with minutes from the College's Standardisation Meetings, [027-029, 185-187] where assessment arrangements are discussed and approved, and the processes for internal verification of assessment decisions, [040-043] the College demonstrated that it has full and appropriate systems in place to operate effectively within the parameters of the requirements of its awarding organisation. These arrangements ensure that the standards of awards delivered in partnership are credible and secure, thus confirming the effectiveness of the underpinning arrangements.

77 In meetings with the review team, senior, academic and support staff [M1, M3, M5] had a clear understanding of Pearson's requirements for quality and standards, and the division of responsibilities between the College and Pearson, including requirements for the setting and approval of assessments, marking and moderation and provision of feedback to students. The review team also found that the College sees compliance with Pearson requirements as an important part of its maintenance of quality and standards and that it takes its responsibilities to the awarding organisation very seriously. [M1, M3, M5] The review team found that staff understand their respective responsibilities for academic standards.

## **Conclusions**

78 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

79 The review team concludes that the College has effective arrangements to ensure that the standards of the awards delivered in partnership are credible and secure. The team reached this conclusion as it found that the College operates within the requirements of its agreement with Pearson and complies with Pearson's frameworks, policies and systems. This allows for effective partnership between Pearson and the College to exist and ensures that there are clear and comprehensive regulations and policies to ensure that the standards of awards are credible and secure. Plans for maintaining standards in provision delivered in partnership are robust and credible. Staff understand their respective roles and responsibilities for academic standards. The agreement documentation with Pearson is up to date and covers the provision being offered. The external examiner confirms that the standards of the awards delivered by the College in partnership with Pearson are credible and secure. The review team therefore concludes that this Core practice is met.

80 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix. The review team therefore has high confidence in its judgement.

## **S4 The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent**

81 This Core practice expects that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.

82 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

83 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Pearson Qualification Approval [002]
- b Annual Course and College Review 2018-19 [005]
- c HND programme specification [006]
- d Student Programme Handbook [007]
- e Pearson EV Report April 2019 [009]
- f Grading criteria [010-012,202-204]
- g Assessed student work [021-026, 105-110, S3]
- h Standardisation Meeting minutes [027-029,185-187]
- i Evidence of internal verification [040-043, 103-104]
- j Pearson HN QA & Assessment Guide [113]
- k Pearson Centre Approval [114]
- l Pearson HN Guide to External Examination [172]
- m Pearson HN Guide on Assessment and Feedback [173]
- n ACCR Action Plan 2018-19 [174]
- o Meeting with senior staff [M1]
- p Meeting with students [M2]
- q Meeting with academic staff [M3]
- r Meeting with support staff (including senior staff acting in a support role) [M4]
- s Final meeting. [M5]

84 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

85 Third party endorsements as none are available for the provision on offer at the College.

### **How any samples of evidence were constructed**

86 To test that assessed work demonstrates that assessment and classification are carried out in line with requirement, the team viewed a random and representative sample of assessed student work: three examples from three different modules at Level 4 and three from three different modules at Level 5 (a total of 18 pieces of assessed work) including

work marked by a number of different members of staff. This was in addition to 12 examples of formative and summative feedback provided in the initial submission of evidence. The sample included pieces of assessed work that had resulted in merit or distinction grades as well as work that had resulted in referral and resubmission. The team requested for each module the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

### **Why and how the team considered this evidence**

87 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

88 The review team considered Pearson documents concerning requirements for the involvement of external expertise, assessment and classification processes including the Quality Assurance and Assessment Guide, [113] the Guide to External Examination [172] and the Guide on Assessment and Feedback. [173] The team compared these with the College's assessment practices as demonstrated through samples of assessed work provided prior to and during the review visit [S3] as a means of identifying whether there are credible, robust and evidence-based approaches and plans for assessment and classification processes and use of external expertise.

89 The review team considered key documents of both Pearson and the College to assess the reliability, fairness and transparency of assessment processes, including course documentation, [006, 007] evidence of programme approval by Pearson, [002] and Pearson documentation on quality and standards - the Quality Assurance and Assessment Guide, [113] Guidance on External Examination, [172] and Guide on Assessment and Feedback. [173]

90 External examiner reports were reviewed by the team [009] to assess their views on the reliability, fairness and transparency of assessment and classification processes. The team also looked at evidence of reflection on their comments through the annual monitoring process [005] and committee structure [030] to assess the use of external examiners and whether the College gives due consideration to their expertise.

91 The team considered samples of assessed student work [021-026, 105-110, S3] in order to test that assessed work demonstrates that assessment and classification are carried out in line with requirements.

92 The team held meetings with senior and academic staff [M1, M3, M5] as a means of testing their understanding of the requirements for the use of external expertise, and the assessment and classification processes.

93 The review team met students [M2] to identify how they regard the reliability, fairness and transparency of assessment and classification processes.

### **What the evidence shows**

94 The review team's analysis of the evidence led to the following observations.

95 The review team found that the College's assessment and classification processes



operate in line with key documents on assessment, classification and externality, including the Pearson Quality Assurance and Assessment Guide; [113] Pearson HN Guide to External Examination; [172] Pearson HN Guide on Assessment and Feedback [173] and on External Examination. [172] The College uses the approved course documentation of Pearson. Assessments are graded according to the relevant criteria and marking schemes set by Pearson. [113] There have as yet been no awards made, but the classification processes are clearly set out in the Pearson Quality Assurance and Assessment Guide [113] and the course documentation. [006, 007] The team found that the College's adherence to the regulations and frameworks of Pearson for assessment and classification ensures that there are clear regulations and policies for assessment and classification that are reliable, fair and transparent. The review team found that the College works fully within the parameters of Pearson's requirements in terms of assessment and the use of external expertise and that there are therefore clear and comprehensive regulations and policies for assessment and classification and these processes are reliable, fair and transparent.

96 The College's plans for using external expertise in the maintenance of standards, and ensuring reliable, fair and transparent assessment and classification processes [M1, M3] are to ensure that its procedures comply with Pearson requirements, as set out in the Pearson Centre Approval [114] and Pearson Programme Approval. [002] The team found that plans for using external expertise in maintaining standards are robust and credible.

97 The review team considered definitive course documentation for the HND provision as produced by the College in accordance with Pearson's requirements, [006] supplemented by evidence of Pearson's Qualification Approval. [002] These documents demonstrate the awarding organisation's confidence in the offering matching the requirements of its own standards of reliable, fair and transparent assessment and classification processes, also provided to students in a suitable format in the Student Programme Handbook. [007] The team also compared the expectations of Pearson's Higher National Quality Assurance and Assessment Guide, [113] Guide to External Examination [172] and the Higher National Guide on Assessment and Feedback [173] with the College's assessment practices as demonstrated through samples of assessed work provided prior to and during the review visit, [S3] and again found evidence of congruent practice and reliable, fair and transparent assessment and classification processes.

98 The external examiner's report [009] confirms that the assessment and classification processes are reliable, fair and transparent. The external examiner report [009] for 2019 was generally positive and raised no significant concerns about standards other than a recommendation regarding the use of merit and distinction grades in a small number of cases. The College considers the external examiner's report through its annual monitoring process through which it reviews its performance over the year including considering and responding to external examiner comments. The evidence seen by the team of Annual Course and College Review, [005] and Academic Committee minutes [030] showed that the College gives due consideration to external examiner comments.

99 Assessed student work [021-026, 105-110; S3] seen by the team showed that assessment and classification are carried out in line with the requirements of the College and Pearson. This included evidence of internal moderation of assignment briefs [104-105] and grading criteria, [0110-012, 202-204] internal verification, [040-043] and minutes of standardisation meetings where staff discuss processes for assessments for each term, discuss and agree assessment briefs and approve the internal verification processes and sample size. The team found that assessment and marking is carried out in line with the requirements of the College and the course.

100 Academic staff [M3] demonstrated that they understand the requirements for the use of external expertise, and the assessment and classification processes, confirming

awareness of the assessment and moderation processes, and the role of the external examiner in checking alignment with Pearson requirements, checking consistency of marking and moderation and approving assignment briefs.

101 Students indicated that they found the College's assessment processes to be reliable, fair and transparent. Students [M2] all agreed that assessment briefs are clear about what is required and expected of them, and that they receive information which enables them to understand what they need to do to pass and gain marks at higher levels.

## **Conclusions**

102 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

103 The College uses external expertise, assessment and classification processes that are reliable, fair and transparent. The team found that staff demonstrate understanding of their roles and responsibilities for assessment, classification processes and the role of external expertise. Assessed student work shows that assessment and classification are carried out in line with the requirements of the College and Pearson, and assessment is at the appropriate level for each award. Students indicated that they consider assessment and classification processes to be reliable, fair and transparent. The external examiner's report confirms the reliability, fairness and transparency of assessment processes. External expertise is used in accordance with the regulations of the College and its awarding organisation. The College has processes for the consideration of external examiner reports through its deliberative structure, it gives due consideration to their comments and responds to recommendations. The review team concludes, therefore, that this Core practice is met.

104 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix. The review team therefore has high confidence in its judgement.

## **Q1 The provider has a reliable, fair and inclusive admissions system**

105 This Core practice expects that the provider has a reliable, fair and inclusive admissions system.

106 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

107 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Pearson Qualification Approval [002]
- b Annual Course and College Review 2018-19 [005]
- c HND programme specification [006]
- d Recruitment and Admissions Policy [031]
- e Access and Participation Policy [034]
- f Organisational structure, annotated version of the structure showing current staffing arrangements and postholders [052, 111]
- g Complaints Policy [085]
- h Pearson Higher National Quality Assurance and Assessment Guide [113]
- i Equality and Diversity Policy [116]
- j Disability Policy [117]
- k Equal Opportunities Policy [118]
- l Fee Policy [120]
- m Refund and Compensation Policy [121]
- n Managing Recruitment through Agents [123]
- o New Student Induction Checklist [125]
- p Strategic Plan [140]
- q Recruitment Agency Agreement [147]
- r Public Information Policy [149]
- s Staff CPD Record [152]
- t Romanian Bac equivalence [198]
- u Romanian Bac equivalence 2 [199]
- v Induction Checklist example [205a]
- w Induction Checklist example [205b]
- x College website [www.lcbs.co.uk](http://www.lcbs.co.uk)
- y Sample Analysis Admissions [S1]
- z LCBS ACCR 2018-19 [005]
- aa Student Programme Handbook [007]
- bb Pearson EV Report April 2019 [009]
- cc Pearson Centre Approval [114]
- dd Pearson HN Guide to External Examination [172]
- ee Pearson HN Guide on Assessment and Feedback [173]

ff	ACCR Action Plan 2018-19 [174]
gg	Sample Analysis Assessment [S3]
hh	Meeting with senior staff [M1]
ii	Meeting with students [M2]
jj	Meeting with academic staff [M3]
kk	Meeting with support staff (including senior staff acting in a support role)[M4]
ll	Final meeting. [M5]

### **How any samples of evidence were constructed**

108 In order to assess whether reliable, fair and inclusive admissions decisions were made, the team viewed a random sample of admissions files for 15 applicants. The sample included 14 successful applications and one rejected application.

### **Why and how the team considered this evidence**

109 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

110 Policy and regulatory documents were reviewed to identify policy relating to recruitment, selection and admission of students, roles and responsibilities of staff involved in the admissions process, how the College facilitates an inclusive admissions system, and whether the College has credible, robust and evidence-based plans for admissions. This included the Recruitment and Admissions Policy, [031] Access and Participation Statement, [034] Fee Policy, [120] Refund and Compensation Policy, [121] Public Information Policy, [149] Equality and Diversity Policy, [116] Disability Policy, [117] Equal Opportunities Policy [118] and Complaints Policy. [085]

111 The review team looked at approved course documentation and policy documents including the programme specification, [006] the website [www.lcbs.co.uk] and the Pearson Quality Assurance and Assessment Guide [113] to test whether the admissions requirements for the course reflect the College's overall regulations and policies.

112 The review team looked at the generic and course information on the College website [[www.lcbs.co.uk](http://www.lcbs.co.uk)] and the Public Information Policy, [149] and talked to students about the information they had received to assess whether information for applicants is transparent, accessible and fit for purpose.

113 A sample of admissions, [S1] the offer letter, [188] evidence of checking qualification equivalence, [198,199] and the induction checklists [125, 205a-b] were reviewed to assess whether reliable, fair and inclusive admissions were made for the sample selected.

114 The review team viewed documentation relating to the use of agents [123,147] and discussed the processes with the staff involved [M1, M4] to assess how the College ensures that agents understand and implement the College's admissions policy and process effectively.

115 The team considered the Strategic Plan [040] and staffing arrangements for admissions, [111] met staff involved in admissions [M4] and requested evidence of training for admissions staff [152] in order to assess whether staff understand their responsibilities,

are appropriately skilled and supported to make decisions, and can articulate how the College's approach to inclusivity is manifest in the admissions process.

116 The review team met students and considered the student submission [SS] to assess students' views about the admissions process. [M2]

### **What the evidence shows**

117 The review team's analysis of the evidence led to the following observations.

118 The Recruitment and Admissions Policy [031] sets out the admissions policy and procedures, and also outlines the College's terms and conditions for students. The Admissions Policy is supported by other related policies on fees [120] and refund and compensation. [121] There is a policy on public information, [149] which includes responsibilities for production and approval of information, and a variety of policies that indicate the importance of equality and diversity: the Access and Participation Policy, [031] Equality and Diversity Policy, [116] Disability Policy [117] and Equal Opportunity Policy. [118] The Complaints Policy [085] incorporates admissions in its scope and is accessible on the website. The policies relating to equality, diversity and inclusivity [116-118] demonstrate the College's commitment to inclusivity and an awareness of legal obligations in this regard. The Admissions Policy sets out the process for admissions, including the requirement for completion of an application form, which asks for details of qualifications, work experience, reason for wanting to study and future career aspirations; and includes a checklist of documentation requirements, diagnostic tests, a compulsory interview, and checking of ID and qualifications. The Admissions Policy also includes a process for rejected applicants to appeal against the decision; and applicants who are dissatisfied with the process can submit a complaint through the College's Complaints Policy. [085] The policies in place would facilitate a reliable, fair, and inclusive admissions system.

119 The objectives set out in the Strategic Plan [140] include the promotion of fairness, equality and diversity. The approach to equality and diversity is captured in the general College-level policies on Equality and Diversity, [116] Disability [117] and Equal Opportunities, [118] and the Access and Participation Statement [034] articulates a commitment to ensuring access and participation. There is no evidence of a consistent training programme in equality and diversity in the CPD records. [152] However, there is no suggestion that non-inclusive processes are implemented, and senior staff were able to articulate a commitment to inclusivity and confirmed that all applicants are considered solely on the basis of qualifications and motivation to study. [M1] The commitment to inclusivity in recruitment is also articulated in the Annual Course and College Review [005] which confirms that all applications are considered irrespective of race, ethnicity, gender or religion.

120 The academic admissions requirement for entry is a Level 3 qualification, and students are also required to demonstrate that they have English language proficiency equivalent to Level B2 of the Common European Framework of Reference (CEFR). The team found that the entry requirements for the HNC/D programme are consistent with the College's policy [031] and with Pearson requirements set out in the Guide to Quality Assurance and Assessment. [113] Pearson does not specify the academic entry requirement but indicates an expectation that this will normally be a Level 3 or equivalent qualification. Pearson also requires [113] that applicants will have English language competency equivalent to CEFR B2 or International English Language Testing System 5.5, but states that it is for centres to decide how they assess whether students meet this requirement. The College requires all applicants to sit its own admissions test in English. The team was told by support staff [M4] that the College's English language test followed the guidelines of CEFR B2, and had been deemed appropriate by Pearson during a visit to the College in October 2018, although no evidence of this was provided. The admissions samples seen by the team

[S1] demonstrated that the requirement to pass the test is rigorously applied.

121 The College's Public Information Policy [149] sets out that the College will use the website as the key source of external information, although paper copies of admissions documentation are available on request and applicants wishing to apply by post can print a form from the website. The website includes information on the course and how to apply, and the application form, to which the terms and conditions of admission are appended. There are downloadable policy documents including the Access and Participation Statement, the Admissions Policy and other College policies including complaints and appeals. The website also has information about College facilities and contact information. The Public Information Policy [149] states that it is the overall responsibility of the Head of Administration to ensure that the website is accurate and informative, and this was confirmed in the meeting with senior staff. [M1] The student submission [SS] indicates that students are satisfied with the adequacy and accuracy of information received and this was confirmed by students [M2] at the visit who said that they had found the information provided to them before and during the admissions process to be sufficient, accurate and helpful. The review team found that information for applicants is transparent, accessible and fit for purpose.

122 The review team looked at a sample of 15 admissions records, comprising 14 successful applications and one rejected application. [S1] Students are required to pass the in-house tests in English and Mathematics, and all applicants who pass the tests are then required to attend an interview. Each application bundle included the application, English and Mathematics tests and the test scores. There was evidence that applicants are required to provide their academic qualifications, and there were interview notes for each applicant. There is an induction checklist, [125] which records that students have been provided with key information, for example course and module information, and the completed forms, of which two examples were provided, [205a-b] are signed by the student. The applications demonstrated that the testing and assessment processes are consistently applied and recorded. The offer letter [188] is relatively short but sets out the essential aspects of the offer, and the more detailed terms and conditions of admission are provided at application stage. The College told the review team that it uses NARIC to check the equivalence of non-UK qualifications, [M4] and provided evidence of this process, including checking of the UK equivalence of the Romanian baccalaureate, which was the entry qualification held by many of the current cohort. [198,199] The review team found from scrutiny of the sample that the admissions policy is implemented in practice and that reliable, fair and inclusive admissions decisions were made for the applicants sampled.

123 The College currently uses one recruitment agent [147] to support its recruitment of students. There is a policy on managing agents, [Managing Recruitment through Agents 123] which is brief. There is reference in the policy to assessing the suitability and capability of prospective agents, and performance monitoring, but there is little detail on how these processes operate or who is responsible. The review team was told that the agent currently used was appointed some time ago through an existing relationship with one of the Trustees, [M4] and that the relationship is managed through the Head of Administration and a Trustee. [M4] In meetings with senior staff [M1] it was explained that the agent refers students to the College but does not play any role in the admissions process itself and that all applicants go through the College admissions process. The contractual agreement with the agent [147] pertains mainly to the financial arrangements, although it refers to some overarching expectations regarding professionalism and the limitations of the agent's role. From the applications reviewed in the admissions sample [S1] it was evident that all applications were scrutinised by the College to a consistent standard. Students met by the team had been recruited either through the agent or had been referred by a friend. Students who had been recruited through an agent (seven out of the nine students whom the team met) were positive about the experience of using the agent and indicated that they had been

given accurate information during their interaction with the agent. [M2] The College indicated that there is currently a high degree of reliance on the agent for its student intake, although it also receives some applications through student referrals. [M4] The College acknowledged that there is currently high reliance on recruitment of Romanian students [S1; M4] and the College indicated a desire to diversify the student body. [M4] Although the policy [123] is not detailed on the process for recruiting and selecting agents or managing their performance, the review team took into account that the College's current arrangement is with a single agent with whom it has a longstanding relationship, that the agent's role is primarily referral and that the College follows its internal admissions processes for all applicants. The review team found that, on balance, the College manages the current arrangements with its recruitment agent effectively to ensure that its policies and procedures are adhered to.

124 The review team found that staff involved in admissions understand their responsibilities, are appropriately skilled and supported to make decisions and can articulate how the College's approach to inclusivity is manifest in the admissions process. There are currently no dedicated admissions staff, and the organisational structure does not identify any posts specifically for admissions. [052, 111] Admissions are, at present, carried out by two senior members of staff, primarily the Head of Administration, and the Head of Academics who also has some involvement. [M4] There is an initial assessment of an application form, including qualifications and work experience. The CPD records [152] demonstrated that when other staff had been involved in admissions in the past, they had received some in-house training, and senior staff confirmed [M1] that should additional admissions staff be recruited there would be a process of induction and shadowing put in place. There was no evidence of the senior staff themselves being trained, but both had been involved in admissions for some time (including the development of the policy and process), and they demonstrated in meetings with the team that they have a clear understanding of their roles and responsibilities. [M4] Support staff also confirmed that the College aimed to have admissions staff when student numbers increase. [M4]

125 The students whom the team met [M2] were positive about their experience of the admissions process, and their description of the process aligned with that described by the staff involved in admissions. [M4] Students were aware that they could submit a complaint about the admissions process. The review team found that students regarded the admission system as reliable, fair and inclusive.

## **Conclusions**

126 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

127 The review team found that the College has a reliable, fair and inclusive admissions system. The team reached this conclusion as it found that the College has clear policies relating to admissions in place, which are supported by appropriate procedures. The admissions requirements are commensurate with the appropriate level of entry, with the College's policy and the requirements of Pearson. Admissions records demonstrate that the policy and procedures are implemented effectively and that fair, reliable and inclusive admissions decisions are made. Entry qualifications are checked and verified, including checking the equivalence of non-UK qualifications. Staff involved in admissions understand the requirements of the admissions policy and processes. Although documentation for the process of appointing and managing agents is not detailed, the team took account of the fact that the agent has no delegated responsibility for the admissions process and found that, on

balance, the current relationship is managed effectively to ensure that the College's policies and requirements are adhered to. Students indicated that they had found the admissions process to be reliable, fair and inclusive. The information for applicants is transparent, accessible and fit for purpose. The review team concludes, therefore, that this Core practice is met.

128 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix. The review team therefore has a high degree of confidence in this judgement.



## Q2 The provider designs and/or delivers high-quality courses

129 This Core practice expects that the provider designs and/or delivers high-quality courses.

130 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### The evidence the team considered

131 The QAA review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Student submission [SS]
- b LCBS Quality Assurance Policy [004]
- c Annual Course and College Review 2018-19 [005]
- d HND programme specification [006]
- e Programme Student Handbook [007]
- f Pearson EV Report April 2019 [009]
- g Academic Committee minutes [030,160]
- h Quality & Standards Committee minutes [053,054,160]
- i Student Representative Committee minutes [055-056]
- j Standardisation Meeting minutes [027-029,185-187]
- k Learning and Teaching Policy [033]
- l Student surveys [094-096, S2]
- m Examples of internal verification of assessment briefs [103-104]
- n Pearson HN QA & Assessment Guide [113]
- o LCBS Policy for Programme Approval [115]
- p LCBS Strategic Plan 2018-21 [140]
- q Board Meeting minutes June 2019 [165]
- r LCBS ACCR Action Plan 2018-19 [174]
- s Teaching observation [O1, O2]
- t Sample analysis student feedback [S2]
- u Target-Setting and Tracking [200]
- v Meeting with senior staff [M1]
- w Meeting with students [M2]
- x Meeting with academic staff [M3]
- y Meeting with support staff (including senior staff acting in a support role) [M4]
- z Final meeting. [M5]

132 Some of the key pieces of evidence outlined in Annex 4 were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

133 Third party endorsements as none are available for the provision on offer at the College.

## **How any samples of evidence were constructed**

134 To test whether academic staff deliver a high-quality learning experience, the team observed two teaching and learning sessions. The sessions observed were selected from several teaching sessions which were taking place on the first day of the visit and included two different members of staff; decisions on which sessions to observe were based on the lesson plans provided and the activities being undertaken at the time scheduled for observations to take place. The team chose the sessions it wished to observe on the day and the College did not have advance notice of which sessions would be observed.

135 To assess student views about the quality of their course, the review team viewed an initial sample of five completed student feedback forms, and a further sample of nine from three different modules taught by different staff.

## **Why and how the team considered this evidence**

136 As highlighted, all the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

137 The review team considered academic regulations relating to the design and delivery of programmes including: the Pearson Higher National Quality Assurance and Assessment Guide; [113] the College's Policy for Programme Approval; [115] Quality Assurance Policy; [004] Assessment and Internal Verification Policy; [003] minutes of Standardisation Meetings; [027-029] and the Learning and Teaching Policy, [033] in order to identify the College's approach to designing and delivering high-quality courses.

138 In order to test whether there are credible, robust and evidence-based plans for designing and/or delivering high-quality courses, the review team considered plans and targets set down in documentation including the annual monitoring documentation, [005,174] the Strategic Plan, [140] evidence of target setting and tracking, [200] and minutes of committees. [005, 140, 165, 174, 200]

139 The team considered approved course documentation [006,007] to assess whether all elements of the course (curriculum design, content and organisation, learning and teaching and assessment approaches) enable students to demonstrate the intended learning outcomes.

140 The review team considered the external examiner's report to assess the examiner's views on the quality of the course. [009]

141 The team considered student views of programme design and delivery as expressed in the student submission, [SS] student surveys, [094-096,S2] student input to College committees (Student Representative Committee, [055-056] Quality and Standards Committee, [053,054,160] and Academic Committee [030,160]) and in the meeting with students [M2] in order to identify student views on the quality of their programme.

142 The review team met staff [M1, M3] to assess how staff ensure that the programme is high quality and whether they are able to articulate the meaning of high quality in the context of the College.

143 The review team carried out observations of teaching and learning [O1, O2] in order

to assess whether course delivery is of high quality.

### **What the evidence shows**

144 The review team's analysis of the evidence led to the following observations.

145 At present the College has only one awarding partner and delivers a single Pearson programme, therefore the relationship at present focuses extensively on delivery of Pearson curriculum and applying the associated requirements and guidance, particularly those set out in the Higher National Quality Assurance and Assessment Guide. [113] The College has developed its own policies including the Quality Assurance Policy, [004] Assessment and Internal Verification Policy, [003] and Learning and Teaching Policy. [033] The College's responsibilities under the arrangements with Pearson include the design and internal verification of assessment briefs, and these arrangements are set out in the Assessment and Internal Verification Policy, [003] the implementation of which takes place through standardisation meetings. [027-029,185-187] The review team found that the regulations and policies in place facilitate the design and delivery of high-quality courses.

146 The College has aspirations to develop future partnerships with organisations other than Pearson to provide a wider range of course options than are currently on offer. In terms of developing new courses, the current focus is on finding an awarding body that would partner with the College to offer top-up to degree level for the HND programme, as senior staff [M1] told the team that there was a lot of demand for this from current students. Staff also told the team that they hope to develop a Diploma in Education and Training with an awarding partner. [M1] The aim to develop new courses in the future has been set down in key sources including the College's Strategic Plan, [140] as well as the action plan [174] resulting from its internal process of annual monitoring and review. [005] The College has a Programme Approval Policy, [115] which has been developed for use in the initial internal development and approval stage of new programmes to be delivered with awarding bodies, as well as including a four-yearly periodic review cycle for consideration of programme continuation.

147 The review team considered the College's plans for further improving the quality of delivery in existing courses, in partnership with Pearson, and as set down in the Strategic Plan, [140] Learning and Teaching Policy, [033] annual monitoring report and action plan, [005, 174] and in the targets it has set itself for the HND programme, [200] which the College uses to benchmark itself against national average performance. The Learning and Teaching Policy sets out principles for effective learning and teaching. It is structured around four key areas: Learning and Teaching Environment, Educational Experience, Skills Development and Assessment and Progression. Under each of these key areas there is a set of aims, including those relating to the quality of teaching and supporting students to achieve. The policy therefore provides a framework to support the delivery of a high-quality course. The Strategic Plan [140] includes a number of identified actions relating to programme delivery, and the annual monitoring report and action plan provide evidence that the College evaluates the effectiveness of its provision and puts in place actions to improve provision where necessary. The team found that the College's plans for the design and delivery of a high-quality programme are robust and credible.

148 The review team found that the programme design and definitive course documentation [006] is in line with the expectations of Pearson [113] and would underpin successful delivery through the statement of realistic and appropriate intended learning outcomes (ILOs). The design and implementation of assessment to allow students to successfully demonstrate achieving these ILOs is also in line with Pearson expectations, as set down in Pearson's Higher National Quality Assurance and Assessment Guide. [113] The review team was satisfied as regards the College's processes in this area, borne out in

practice by evaluation of samples [S3] that show clear alignment of assessment tasks with learning outcomes. The review team also saw evidence of sound processes for the design and approval of assessment tasks through internal verification, of which the team was provided with two examples. [103,104] These examples show that the internal verification process ensures consideration is given to a range of issues including the appropriateness of the level, alignment with learning outcomes, the mode of assessment, the presentation and language of the brief. The standardisation meetings [027-029,185-187] involve academic staff in thorough discussions on the assessment processes including assessment tasks and criteria, processes for standardisation of assessment decisions, internal verification processes and sample sizes, and structure and content of assessments. The review team found, from the discussions in the meeting with academic staff, [M3] that staff are clear as to the manner in which teaching and assessments are designed and delivered, and that there is a clear commitment to ongoing improvement exhibited by the staff.

149 The external examiner's report [009] is positive about the design and delivery of the programme and the fairness and transparency of assessment. At the time of the visit the examiner was only able to sample two modules of the course and therefore could not comment on the quality of programme delivery overall. However, the report comments positively on assessment instruments and processes, internal verification procedures, and the high level of academic support provided to students. Although the external examiner's report was limited in its scope because of the stage of delivery at the time, it nevertheless indicated that the examiner regarded the programme as high quality.

150 Academic staff [M3] were able to articulate how they ensure that the programme delivery is high quality. They explained how the processes for developing lesson plans and teaching materials, and assessment and moderation processes, operate in order to contribute to the delivery of high-quality provision. Staff also gave examples of how they continue to update their delivery (for example to reflect the withdrawal of the UK from the EU) and articulated some proposed developments to further enhance delivery and the student experience, for example through the introduction of visits to relevant businesses.

151 The team found that students regard their course as being of high quality. All students have the opportunity to feed back on programme delivery through the system of evaluation questionnaires, [094-096,S2 ] which are then considered in the College's deliberative processes, feeding forward into formal documents that the College uses to self-evaluate and improve, such as the Annual Course and College Review [005] as well as into target-setting [200] and tracking. Students are able to give feedback through their attendance at committees including the Student Representative Committee, [055-056] Quality and Standards Committee [053,054,160] and the Academic Committee. [030,160] Student feedback on the quality of their programme is positive through all these mechanisms and feedback includes very positive comments about the staff and the teaching. In the meeting with students at the visit, [M2] they were very positive about the design and delivery of their programme.

152 The review team observed two teaching sessions [O1,O2] to assess whether course delivery is of high quality. Although the team felt that in one of the sessions observed students could potentially have been further stretched in terms of theoretical grounding, in both sessions students were engaged in the topics and there were clear objectives, sound method, good delivery, appropriate content and effective use of resources.

## **Conclusions**

153 As described above, the review team considered all the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account

of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

154 The review team found that the College delivers a high-quality course. There are regulations and policies for course design and delivery that facilitate high-quality delivery. Programme design and definitive course documentation is in line with the expectations of Pearson and underpin successful delivery through appropriate intended learning outcomes. The design and implementation of assessment is also in line with Pearson expectations. Students are positive about their programme and of teaching and learning. Observation of teaching sessions demonstrated clarity of objectives, good planning and organisation, sound method, appropriate content, effective use of resources and student engagement. The external examiner's report was positive about the quality of the programme. Staff were able to articulate how they aim to ensure high-quality delivery, and there is evidence of ongoing self-reflection and monitoring in order to ensure that delivery is further enhanced. The review team therefore concludes that the Core practice is met.

155 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix, therefore the review team has a high degree of confidence in this judgement.

### **Q3 The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience**

156 This Core practice expects that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.

157 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

#### **The evidence the team considered**

158 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Student feedback questionnaires [094-096, S2]
- b Staff Recruitment Policy and Procedure [044]
- c Continuing Professional Development (CPD) Policy [046]
- d Staff appraisals [047-049]
- e CPD Teacher Training for Academic Staff [050]
- f CPD Training Formative Feedback [051]
- g Organisational Chart and 111 Organisational Chart and Roles 2019-20 [052]
- h Job Description Director of Standards and Enhancement [057]
- i Job Description Head of Academics [058]
- j Job Description Principal [059]
- k Job Description Head of Administration [060]
- l Job Description Lecturer [061]
- m Job Description Programme Leader [062]
- n Job Description Academic Resource Manager [128]
- o Job Description Academic Student Support Officer [129]
- p CVs for academic staff [063-065]
- q Lesson observation examples [066-067, 080]
- r Lecturer job advertisement [124]
- s Employment records (teaching staff) [142-145]
- t Prevent training [150]
- u Staff CPD record [152]
- v Academic Meeting minutes [166]
- w ACCR Action Plan [174]
- x Lesson Plans [175-182]
- y Teaching observation [O1, O2]
- z Sample analysis student feedback [S2]
- aa Meeting with senior staff [M1]
- bb Meeting with students [M2]
- cc Meeting with academic staff [M3]
- dd Meeting with support staff (including senior staff acting in a support role) [M4]
- ee Final meeting. [M5]

159 Some of the key pieces of evidence outlined in Annex 4 were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

160 Third party endorsements as none are available for the provision on offer at the College.

### **How any samples of evidence were constructed**

161 To assess whether the staff are appropriately qualified and skilled to perform their roles effectively, that staff were recruited according to the College's policies and procedures, and to assess whether the roles are consistent with a high quality experience, the review team considered job descriptions and CVs for a range of staff. Given the current staffing position of the College, there was not a need for a sampling approach and the team was able to view details of all senior roles, teaching roles and senior support roles.

162 To test whether academic staff deliver a high-quality learning experience, the team observed two teaching and learning sessions. The sessions observed were selected from several teaching sessions which were taking place on the first day of the visit and included two different members of staff; decisions on which sessions to observe were based on the lesson plans provided and the activities being undertaken at the time scheduled for observations to take place. The team chose the sessions it wished to observe on the day and the College did not have advance notice of which sessions would be observed.

### **Why and how the team considered this evidence**

163 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

164 The review team looked at relevant regulations and policies including the Staff Recruitment Policy [044] and CPD Policy [046] to identify how the College recruits, appoints, inducts and supports staff.

165 The team considered the College's plans for recruitment, induction and support of staff including the staffing structure, [052, 111] evidence of training, [050,150] CPD records [152] and details of induction [086] documents demonstrating the process by which the College reviews and sets actions for training through its annual monitoring process, [174] internal teaching observations, [066-67, 80] staff appraisals, [047-049] and external views of staff through the external examiner's report [009] in order to assess whether the College has credible and robust plans for ensuring that it has sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience.

166 The review team considered job descriptions and an advertisement for a teaching post, [057-062, 124, 128-129] staff CVs [063-065] and records of staff recruitment, [142-145] in order to assess whether staff are appropriately qualified and skilled to perform their roles effectively, and that staff were recruited according to the College's policies and procedures and are appropriately qualified and skilled.

167 The review team observed teaching [01,02] to assess whether staff deliver a high-quality learning experience. The team also reviewed lesson plans, both for the sessions

observed but also others [175-182] to understand the teaching approach more widely.

168 The team also held meetings with staff [M3] to test that staff are appropriately qualified and skilled.

169 The review team met students, [M2] read the student submission [SS] and looked at student feedback forms [094-096, S2] in order to assess their views on the sufficiency, qualifications and skills of staff.

### **What the evidence shows**

170 The review team's analysis of the evidence led to the following observations.

171 The Staff Recruitment Policy and Procedure [044] is brief and generic and does not consider the particular requirements of roles, although these are set out in job descriptions. The policy and procedure sets out the administrative procedures for recruitment, such as advertising, selection methods and the shortlisting process. The CPD Policy [046] covers induction and performance review arrangements and has some general references to staff development opportunities, stating that the majority of these will be in-house. The CPD Policy states that the Principal is responsible for prioritising needs and requirements in line with institutional objectives. The Staff Handbook [045] has some information on induction, support and performance management of staff including staff appraisal. There are internal teaching observations, of which the team saw three completed examples, [066-067,080] which include comment and reflection on the teacher's performance and identification of suggestions for further development. There is a process for appraisal for all staff, [047-049] which includes review of performance by a manager and identification of development targets where applicable. The review team concludes that the College's regulations and policies for the recruitment, appointment, induction and support for staff should provide for a sufficient number of appropriately qualified and skilled staff.

172 The College provided the team with an organisational structure [052] showing its desired structure when fully operational, and an annotated version which had details of which posts were filled and the names of current postholders. [111] The review team also looked at job descriptions: those for Director of Standards and Enhancement, [057] Head of Academics, [058] Principal, [059] Head of Administration, [060] Lecturer, [061] Programme Leader, [062] Academic Resource Manager, [128] Academic Student Support Officer, [129] and an advertisement for a lecturer position. [124] Job descriptions indicate that core areas supporting the student experience are addressed, although the limited number of staff to fulfil these roles inevitably involves some roles being extensive requiring generalists rather than specialists in senior/support roles. The annotated version of the structure [111] showed that there is a reliance on two senior staff to cover many of the support roles, such as admissions, academic resource management and welfare, in addition to their substantive roles. [111] The same two senior staff are also currently covering the vacant position of Course Leader for the HNC/D Business, [M1] although the team was told that the position was likely to be filled through an internal appointment with training to develop the appointee in the role.

173 The College acknowledged the challenges of recruiting and retaining support staff, and also noted that there had been a need to release some staff for financial reasons in the recent past. The team was told that the College intends to look at ways of making support roles more attractive, perhaps through job rotation, and also to look into the possibility of recruiting apprentices. [M4] Although conversations with staff [M4-5] indicated an awareness of the need to recruit additional support staff, the College does not have a definitive strategy in place for this. It was evident from meetings with senior staff [M1] that growth in student numbers, and therefore income, is key to the recruitment and retention of additional staff,



and for ensuring that a broader range of skills, for example for support functions such as welfare, learning support and careers support, are available. Students are, however, satisfied with the number of staff currently in place and there was no evidence of any additional support needs being required by students. [M1, M4-5]

174 The CPD Policy sets out the review and developmental processes [046] including induction for new staff, support for career development and the use of the appraisal process to identify support needs, and there is evidence of its implementation in practice. The latter was demonstrated in training materials [050-51] and a training schedule [152] that sets out a regular training programme, and there is also evidence of discussion of training in the Academic Meeting. [166] It was noted by the team that there is currently limited engagement with external development opportunities in pedagogy and higher education generally, as the majority of the training is currently in-house and led by a limited pool of staff. The CPD record [152] has limited examples of external development: two senior staff attended HESA training in 2018; and Prevent Training is an example where staff attended external training and subsequently trained [150] other internal staff. The team was told that one of the senior staff teaches elsewhere and is also an external examiner, and that they are therefore able to provide an external perspective. The team noted, however, that training and development processes tend to be conducted by other staff. [CPD 050, 051,152] The Strategic Plan [140] acknowledges that the majority of training opportunities are currently internal, but indicates a commitment to training and development and intention to further develop internal and external training when there is an opportunity to do so. The Annual Course and College Review action plan [174] has an action relating to professional development for administrative staff, which focuses on training for fire safety and first aid. [174] The College provided a list of activities covered in staff induction, [086] which includes training for the inductee's specific role and shadowing arrangements.

175 The review team looked at the records of recruitment of the teaching staff, [142-145] which demonstrated that the College's recruitment procedure was followed. Evidence, including CVs for teaching staff, [063-065] showed that teaching staff all had academic qualifications at appropriate levels, including some at postgraduate and one at doctoral level. All had some prior teaching experience, and several also had a teaching qualification, when they joined the College. Overall, the review team concluded that staff recruitment policies are being followed, and that staff are appropriately qualified and skilled.

176 The team observed two classes during the visit. The lesson plans [O1-O2, 175-82] indicated a lecture introduction followed by a more interactive tutorial session to engage and assess student learning. The review team found that the observations generally showed that students were engaged and seemed happy with the academic experience. The team, based on one observation, [O2] concluded that students were being appropriately engaged and their knowledge tested, while for the other [O1] students could have been more stretched such that they were likely to achieve merit/distinction levels of achievement. However, in both sessions there were high levels of student engagement and inclusive teaching practices led by enthusiastic teachers. The teaching plans had some generic components that were not relevant to the classes taught. For example, most cited mathematical problem solving as a learning method even where none was evident or appropriate. However, these were likely oversights and not of detriment to the student outcome. The team found that academic staff are appropriately qualified and skilled and deliver a high-quality student experience.

177 In meetings with the team, all staff demonstrated that they had an awareness and understanding of the roles they had to play [M1, M3, M4] and an appreciation that, should student numbers expand, more support staff would be required. [M4] However, the team was not provided with a robust and credible plan that would facilitate this.

178 Students were positive about the quality of the teaching staff both in the meeting

with the review team, [M2], in the student submission [SS] and in their feedback through module evaluations, [035-039, S2] and consider that there are sufficient appropriately skilled and qualified staff to deliver a high-quality experience.

## **Conclusions**

179 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

180 The review team concludes that the College has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The team reached this conclusion as the evidence suggests that staff are appropriately qualified and have a good understanding of their roles in delivering a high-quality academic experience. Observations of teaching indicated that staff are appropriately qualified and skilled. The College has appropriate procedures for recruitment, induction and support of staff. There are processes in place for staff appraisal and observation of teaching. There is evidence of training, and although this is currently primarily internally provided there is a stated commitment to the provision of training and development opportunities. The staffing strategy is based on the current financial and uncertain future regarding student numbers, and there are no robust and credible plans in place for recruiting additional support staff. However, students feel they are getting a high-quality experience from the staff, that there are sufficient staff and that they are adequately supported. The review team therefore concludes that on balance this Core practice is met.

181 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix. However, many of the support staff functions are currently being covered by two senior staff who have multiple and varied roles, and although the College acknowledged the need to recruit more staff to support its development, the team was not provided with robust or credible plans or timescales for this. The review team therefore has a moderate level of confidence in this judgement.

## **Q4 The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience**

182 This Core practice expects that the provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.

183 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

184 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Student submission [SS]
- b LCBS Quality Assurance Policy [004]
- c Annual Course and College Review 2018-19 [005]
- d HND programme specification [006]
- e Student Representative Committee minutes [055-056]
- f Standardisation Meeting minutes [027-029,185-187]
- g Learning and Teaching Policy [033]
- h Pearson HN QA & Assessment Guide [113]
- i LCBS Strategic Plan 2018-21 [140]
- j Minutes of Quality and Standards Committee [160]
- k Board Meeting minutes June 2019 [165]
- l LCBS ACCR Action Plan 2018-19 [174]
- m Quality & Standards Committee minutes [189-191]
- n Student submission documents [192-194]
- o Teaching observation [O1, O2]
- p Sample analysis student feedback [S2]
- q Target-setting and Tracking [200]
- r Meeting with senior staff [M1]
- s Meeting with students [M2]
- t Meeting with academic staff [M3]
- u Meeting with support staff (including senior staff acting in a support role) [M4]
- v Final meeting. [M5]

185 Some of the key pieces of evidence outlined in Annex 4 were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

186 Third party endorsements as none are available for the provision on offer at the College.

## **How any samples of evidence were constructed**

187 The review team viewed an initial sample of five completed student feedback forms, and a further sample of nine from three different modules taught by different staff, in order to identify student views about facilities, learning resources and student support services.

188 The review team considered job descriptions and CVs for a range of staff in order to assess whether the roles are consistent with a high-quality experience. Given the current staffing position of the College, there was not a need for a sampling approach and the team was able to view details of all senior roles, teaching roles and senior support roles.

## **Why and how the team considered this evidence**

189 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

190 The review team considered the Quality Assurance Policy, [004] the Strategic Plan [140] and the Annual Course and College Review [005] to assess whether strategies and plans for provision of facilities, resources and support services are credible, realistic, evidence based, and demonstrably linked to the delivery of successful academic and professional outcomes for students. The team also looked at how the College monitors resources and facilities through the Quality and Standards Committee. [160]

191 The review team carried out a direct assessment of facilities, learning resources and support services to test that facilities, resources and services deliver a high-quality academic experience. [T1] This included a review of online resources to look at the student portal in terms of content, accessibility and student engagement.

192 The organisational structure [052, 111] and job descriptions and CVs of staff employed in relevant functions [057-062, 128-129] were reviewed to assess whether roles are consistent with the delivery of a high-quality learning experience.

193 The review team held meetings with staff to ensure they are appropriately qualified and skilled and understand their roles and responsibilities and to understand the strategy for developing and enhancing resources and ensuring appropriate levels of provision. [M1, M3-4] A review of policy and practice for Individual Learning Plans (ILPs) [069-077] was used to further assess the approach to support.

194 The review team looked at module evaluation forms in order to identify student views about facilities, learning resources and support services. [035-039, S2]

195 The review team met students to ask their views about facilities, learning resources and support services. [M2]

## **What the evidence shows**

196 The review team's analysis of the evidence led to the following observations.

197 The College does not have a separate overarching strategy for facilities, learning resources and student support services. The College's Quality Assurance Policy [004] has a

short section on resource provision which states that resources are a consideration in the College's approach to delivering a quality student experience, and which indicates that the Quality and Standards Committee and the annual monitoring process are the mechanisms through which resources are discussed. The team was told by senior staff [M1] that the College's resource provision is aligned with Pearson requirements, for example in terms of purchase of recommended books. The Quality and Standards Committee minutes [161] indicate that resources is a standing item, and the minutes record discussion of student views on resources. The Strategic Plan [140] includes information on the College's strategy for resources, and includes some actions relating to resources, facilities and support provision. The Annual Course and College Review also addresses resource and support considerations, demonstrating that these issues are given consideration by the College. [005] The College has recently made demonstrable investment in physical facilities and resources, as indicated by the move to new premises. The team found that the College's strategies and plans for facilities, learning resources and student support are credible, realistic and linked to the delivery of successful academic and professional outcomes for students.

198 The review team found from looking at the College premises [T1] that facilities and learning resources contribute to delivering a high-quality academic experience. The College is relatively small, and the team considered the teaching rooms, student common area, resource area, including books and PCs, and reception area to be appropriate and sufficient to support delivery. Student access to campus is limited to teaching periods, but teaching extends into the evening and access outside of teaching hours was not raised as a concern by students. [M2] There are multiple copies of key books and there has been a move to the online provision of eBooks to make access easier and to ensure that all students can access key texts. [M1] The student portal is accessible and has appropriate content, including course documentation, policies and procedures and a discussion group facility. The team noted that the content is not particularly well-managed in terms of document classification and order, and it was evident that students had not had substantial engagement with the discussion forums, preferring instead to set up their own discussion groups. [M2, student portal demonstration. Despite this, the portal is adequate for supporting the provision, and there were no evident gaps in information.

199 The job roles for senior, [057-060] academic [061,062] and support roles [128-129] suggest that support needs are met. Some roles are, however, wide-ranging, which is also evident from the current organisational structure, [052,111] which indicates a number of posts being covered by staff who are often taking on multiple roles, and this was further evidenced by the overlap of staff between meetings at the visit, particularly between the senior staff and support staff meeting. [M1, M4] This is a stretching model but manageable within the current student numbers, although the student support capacity has not been tested by students with additional support needs. Staff demonstrated an understanding of their roles and responsibilities in providing support services for students, [M1, M4, while also acknowledging that some staff are stretched across several roles and there is a need to appoint additional support staff particularly if student numbers increase.

200 Students regard the facilities, learning resources and support services as sufficient and appropriate. They indicated [M2] satisfaction with the learning resources and support, for example citing ease with which they are able to speak to staff or get help with finance and having access to the books and online resources they needed, and overall are much happier with the new College environment than the previous accommodation. Only minor issues were raised, such as limited options for food and the lack of lift service - the four-storey building has a lift for staff and disabled use, a common area with free water and coffee, places to eat and a fridge. Although there is no designated pastoral support or personal tutoring, students said they felt confident that they could ask for help from staff if they needed it. Student module evaluations [035-039, S2] are positive, indicating satisfaction

with facilities and resources, and do not raise any concerns about support services.

## **Conclusions**

201 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

202 The review team concludes that the College has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. The team found that the College's strategies and plans for facilities, learning resources and student support are credible, realistic and linked to the delivery of successful academic and professional outcomes for students. Support services generally rely on informal mechanisms, and the provision relies on a small staff team undertaking multiple roles, which is sustainable for the current size of the provision. Staff have a clear understanding of their roles and have been able to support students appropriately. Students are satisfied with the resources, facilities and support they receive, and this positive view is supported by the team's direct assessment of the facilities. The review team therefore concludes that this Core practice is met.

203 The evidence underpinning this judgement reflects all of the evidence described in the QSR evidence matrix. The review team therefore has high confidence in its judgement.

## **Q5 The provider actively engages students, individually and collectively, in the quality of their educational experience**

204 This Core practice expects that the provider actively engages students, individually and collectively, in the quality of their educational experience.

205 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

206 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Student submission [SS]
- b Student feedback questionnaires [035-039]
- c Annual Course and College Review 2018-19 [005]
- d Meetings of Quality and Standards Committee [053-053, 160]
- e Minutes of Student Representative Meeting [055-056, 194]
- f Student Engagement Strategy [081]
- g Student Representative Training [082]
- h Student Representative Handbook [083]
- i Student feedback questionnaire summaries by group [088-096]
- j Terms of Reference of Committees [130]
- k Academic Meeting minutes [166]
- l Email for student reps committee meeting and student submission [192]
- m Student submission email [193]
- n Commentary on sample of student evaluation forms [S2]
- o Meeting with senior staff [M1]
- p Meeting with students [M2]
- q Meeting with academic staff [M3]
- r Meeting with support staff [M4]
- s Final meeting. [M5]

### **How any samples of evidence were constructed**

207 To identify student views about student engagement in the quality assurance of their educational experience, the review team viewed an initial sample of five completed student feedback forms, and a further sample of nine from three different modules taught by different staff.

### **Why and how the team considered this evidence**

208 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its

judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

209 The review team looked at the Student Engagement Strategy [081] and processes for student engagement including the training [082] and guidance [083] for student representatives, to identify how the College actively engages students in the quality of their educational experience.

210 The review team considered the College's plans for engaging students in order to assess whether there are robust, credible and evidence-based plans for engaging students.

211 The team met students to assess whether they consider they are engaged in the quality of their educational experience, what they understood to be the mechanisms for engagement and how effective they are. [M2]

212 The review team considered examples of changes that had been made on the basis of student engagement to illustrate the impact of the College's approach to student engagement. [M1, 053, 054]

213 The review team looked at student views as expressed in the student submission, [SS] student feedback forms [035-39, 088-096, S2] and minutes of meetings attended by students (Academic Committee [030,166] and Quality and Standards Committee [053-056, 160]) to assess the value and impact of student feedback and to identify students' views about engagement in the quality of their educational experience.

### **What the evidence shows**

214 The review team's analysis of the evidence led to the following observations.

215 The Student Engagement Strategy [081] includes a range of feedback mechanisms open to students including discussion forums, feedback forms, student representation, student involvement in committees, an open-door policy and a suggestions box. Given the number of students the College currently has, there are ample and varied forms of engagement.

216 The College provided evidence of a training session for student representatives [082] and there is also a handbook for representatives [083] that covers the essential aspects of the role. Student feedback forms [035-39, 088-096, S2] are not anonymised, which in the team's view might inhibit open and honest feedback, particularly as students are asked to comment on individual members of staff.

217 In addition to the Student Representative meetings, where minutes indicate that students play an active role, [055, 056, 194] there is evidence of student participation on wider College committees including the Quality and Standards Committee [053-05, 160] and Academic Committee, [030, 166] although students are not listed as members of the Academic Committee in its Terms of Reference. [130] The Quality and Standards and Academic Committee meetings tend to be more dominated by staff, with students playing a more limited role and being less actively engaged, but nevertheless there is evidence that students contribute to discussions.

218 The team found that, on balance, the College has clear and effective approaches for engaging students individually and collectively in their quality of their educational experience.



219 The outcomes of student feedback mechanisms are discussed at committees, particularly the Quality and Standards Committee, [053-054] where student feedback is a standing agenda item, and feed into the annual monitoring process through the Annual Course and College Review report. [005] This report refers to the fact that the College had invited student representatives to provide a commentary/submission for the Annual Course and College Review, but because of the timing being close to assessment deadlines they were unable to do so. The Annual Course and College Review action plan [005] includes an action to work on trying to find ways in which students will be able to contribute to future reports, in time for the next annual monitoring cycle. The team found that there are robust and credible plans to engage students, individually and collectively, in the quality of their educational experience.

220 There are a number of examples of the College changing and improving students' learning experience as a result of student engagement. In the senior staff meeting [M1] three main changes were highlighted: the ordering of new books; adding online resources; and changing the teaching schedule from 2.5 to 3 days a week. These changes, in response to student feedback, were also evidenced in the minutes of Quality and Standards Committee [053-054] and in the Annual Course and College Review. [005] Senior staff [M1] told the review team, and students confirmed, [M2] that details of these changes were communicated to students through email, the portal and in class.

221 The review team received a short student submission. [SS] From discussions with staff and students at the visit, it became apparent that the submission had been drafted by the Head of Administration and then circulated to student representatives who were invited to contribute their comments. A meeting with the student representatives had also been held to discuss it. Students whom the team met at the visit [M2] appeared unaware of the submission, although evidence was provided of the aforementioned circulation of the draft [192, 193] and the meeting with students to discuss it. [194]

222 The feedback from module evaluations [035-039,088-096, S2] is generally positive in nature although narrative comments are not extensive, and in the team's view the non-anonymised nature of the feedback could impact on the integrity of the process. Nevertheless, the response rate to the questionnaires is high and there is overall evidence of engagement with student feedback and participation. In relation to the fact that student feedback is not anonymised, the staff explained that they operated feedback in this way in order that they can contact individual students about any concerns they raise. [M1] The students whom the team met at the visit [M2] were generally not concerned about the lack of anonymous feedback opportunities.

223 Students [M2] reported to the team that they are engaged in the quality of their educational experience. Much of the engagement with staff appears to be informal, and staff and students described an open-door approach. [M2, M4] The team did not see any students visiting staff during the visit, but accepted that much of the informal communication with staff is likely to occur in class. Students told the team that staff are approachable and communicate effectively. [M2] Students were aware of the student representation process, and some representatives were in the meeting with the team. The students said they had created WhatsApp groups to communicate with representatives, suggesting there is good cohort engagement and that feedback mechanisms should work well. Students were less clear on which meetings are held and the committees student representatives attend, although minutes of committee meetings including Quality and Standards Committee [053-05, 160] and Academic Committee [030, 166] clearly show attendance by students. Student representatives were also less clear on the training they had received, but said that they were given a handbook and information to support them. Overall, however, all students feel that they are engaged and that the College listens to their views.

## Conclusions

224 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

225 The review team concludes that the College actively engages students, individually and collectively, in the quality of their educational experience. The team reached this conclusion as it found that the College has a clear and effective approach to engaging students in the quality of their learning experience. There are ample formal and informal opportunities for students to engage, and communication between staff and students is effective. Student representatives are well represented in the College's committee structure, are well supported and feel involved in discussions about their educational experience, although Terms of Reference do not fully reflect practice in terms of student attendance at committees. The team considers that the lack of anonymity of module evaluation forms may impact on the integrity of the process, but there is nevertheless evidence of several mechanisms for student feedback and that students engage with these processes. The review team concludes on balance, therefore, that this Core practice is met.

226 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix. The review team therefore has a high degree of confidence in this judgement.

## **Q6 The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students**

227 This Core practice expects that the provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.

228 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

229 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Annual Course and College Review 2018-19 [005]
- b Programme Student Handbook [007]
- c Academic Committee Meeting minutes [030]
- d Academic Appeals Policy and Procedure [084]
- e Complaints Policy [085]
- f Academic Appeals examples [097, 098]
- g New Student Induction Checklist [125]
- h Student Complaints Record [139]
- i Meeting with senior staff [M1]
- j Meeting with students [M2]
- k Meeting with academic staff [M3]
- l Meeting with support staff (including senior staff acting in a support role) [M4]
- m Final meeting. [M5]

### **How any samples of evidence were constructed**

230 The College has had no formal complaints in the past two years and only two appeals in the same period, therefore the review team was not able to look at any samples of complaints. The team viewed the two appeals that had been received.

### **Why and how the team considered this evidence**

231 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

232 The review team looked at the complaints [085] and appeals [084] policies to identify the College's processes for handling complaints and appeals and to assess whether these are fair and transparent.

233 The review team looked at the complaints record to understand the level of complaints and appeals overall. [139]

234 The review team considered the College's plans for developing fair, transparent and accessible complaints and appeals procedures through scrutiny of evidence of how the College monitors complaints and appeals received, [005,030] in order to assess whether these plans are credible, robust and evidence based.

235 The review team looked at examples of appeals to assess whether they were dealt with in a fair, transparent and timely manner. [097-98]

236 The review team met students to identify their views about the clarity and accessibility of the complaints and appeals procedures and their awareness of and use of these processes, [M2] and to check how the procedures are communicated to students formally from the outset through the induction process [125] and the student handbook. [007]

### **What the evidence shows**

237 The review team's analysis of the evidence led to the following observations.

238 The Complaints Policy [085] and Academic Appeals Policy [084] detail definitions, responsibilities and timescales for complaints and appeals. The rights of escalation are clear in the policies, including reference to the Office of the Independent Adjudicator for Higher Education (OIAHE). The Appeals Policy states that if the student remains dissatisfied after completion of the College's procedures, they can choose between OIAHE or Pearson as the final escalation opportunity, which is in line with Pearson policy as set out in its Guide to Quality Assurance and Assessment. [113] The Complaints Policy does not explicitly cover complaints about other students, although the College provided a copy of a poster indicating that students should direct all such complaints to the Head of Administration, and the team noted at the visit that this poster was visible on walls around the College. [157] The Complaints Procedure stresses the importance of independence in the processes. It also states that the Welfare Officer is responsible for coordinating the policy, which may include supporting students in making a complaint, although this role is currently being covered by two senior staff who are also identified as having responsibilities for considering complaints at later stages of the process. The review team found that the complaints and appeals policies are clear and transparent and would support fair and timely outcomes.

239 The College informed the review team that it had received one informal complaint but no formal complaints. The College provided a short record [139] of the informal complaint, which was a complaint made by a student representative regarding the teaching environment, at the College's previous premises, specifically a room with no ventilation or natural light. The College responded to the complaint by providing a fan for the room. This was a very specific complaint, but the evidence demonstrates that there is a process that can be used, and that issues raised were responded to.

240 The review team saw evidence that the College considers the number of, and outcomes from, complaints and appeals processes in its committees, as the Academic Committee has complaints and appeals as an agenda item [030] and also reviews complaints received as part of its annual monitoring processes, the Annual Course and College Review having a section about complaints received. [005] The Complaints Policy [085] also indicates an intention to publicise to staff and students a summary of complaints and appeals to raise awareness of the procedures and give students confidence in their

transparency and effectiveness. The review team found that the plans to develop fair, transparent complaints and appeals procedures are robust and credible.

241 The College provided the review team with documentation for two appeals, [097-98] which the team was told were the only appeals received. These had been submitted at the same time and both concerned the same issues. The appeals were handled in a professional manner and the appellants were provided with a careful response to their appeals from the Head of Academics. The appeals concerned were a challenge to the marks awarded to the students, and the response was to review the marking. The policy [084] states that an appeal against the marking is not permitted and would not lead to a review of the marking, so although the policy was followed in terms of how the appeals were considered the review team noted that technically the appeals fell outside of the specified grounds. The review team accepted the explanation that the staff felt it was in the students' interest to respond to the appeals, to ensure that they clearly understood the reasons for their marks and the process by which they had been arrived at. The team noted that the responses to the students provided clear and detailed feedback on how the appeals had been considered, and the College's response. Having gone through the appeals process, the next stage of an appeal was not set out in the response letters communicating the outcome to the appellants. [097-8] The review team was told that this information had been given to the students verbally, as the Head of Academics spoke to the students involved, so they would have been aware of their right to escalate their appeals further if they wished to do so. [M5]

242 The students were aware of complaints and appeals processes. [M2] Some were not entirely clear on where to find the regulations but assumed that they would be on the student portal, and in any case knew who to ask for help if they needed to. There had been little engagement with the process as they were currently satisfied and had no cause to be more aware of how to complain or appeal. They told the team that they tend to raise concerns informally, but they understand the formal processes and indicated they would feel confident in using them. [M2] The induction form, [125] which includes a checklist of policies and procedures students are told about at induction, refers to complaints, but not appeals. However, students were aware of the existence of the appeals process, and it is clearly referred to in the Student Programme Handbook. [007]

## **Conclusions**

243 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

244 The review team found that the College has fair and transparent procedures for handling complaints and appeals, which are accessible to students. The review team reached this conclusion as it found that there are clear policies and procedures in place for complaints and appeals, although the College reported that there have been no formal complaints and only two appeals. The two examples of appeals seen by the team indicate that the policy was not strictly followed in terms of the grounds for the appeals; however, where the policy had not been followed it was to the benefit of the students. Notwithstanding lack of formal signposting about how to escalate the appeals further in correspondence with appellants, the College provided a clear and detailed response to the appeals it received. Although there were minor deviations from the procedures, these did not harm the integrity of the procedure or the interests of students. Although students whom the team met at the visit were unsure about how to find the procedures, the procedures for handling complaints

and appeals are available to students through the student portal, there is evidence that complaints are covered at induction and the Student Programme Handbook refers to appeals. The College has processes for monitoring and learning from complaints and appeals through its committees and the annual monitoring process. The review team concludes, therefore, that on balance this Core practice is met.

245 The evidence underpinning this judgement reflects most of the evidence described in the QSR evidence matrix. The review team therefore has high confidence in this judgement.

## **Q8 Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them**

246 This Core practice expects that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.

247 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

248 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Pearson responsibilities checklist [0002]
- b Student submission [SS]
- c Pearson Centre Approval [001]
- d Pearson Qualification Approval [002]
- e External examiner report 2019 [009]
- f LCBS Quality Assurance Policy [004]
- g Annual Course and College Review 2018-19 [005]
- h Student feedback forms [035-039, 088-096]
- i Pearson Grading Guidance [112]
- j Pearson Higher National Quality Assurance and Assessment Guide [113]
- k Work Placement documents [134-138]
- l Letter of Expectation (for employer) [141]
- m Strategic Plan with report on progress made [140]
- n Pearson Guidance on Assessment and Feedback [173]
- o ACCR Action plan [174]
- p Analysis of student feedback forms [S2]
- q Meeting with senior staff [M1]
- r Meeting with students [M2]
- s Meeting with academic staff [M3]
- t Meeting with support staff (including senior staff acting in a support role)[M4]
- u Final meeting. [M5]

249 Some of the key pieces of evidence outlined in Annex 4 were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

250 Third party endorsements as none are available for the provision on offer at the College.

## **How any samples of evidence were constructed**

251 As the College currently delivers only one programme, there was not a requirement to select samples for external examiner reports.

252 The review team viewed an initial sample of five completed student feedback forms, and a further sample of nine from three different modules taught by different staff, in order to identify student views about the quality of their course.

## **Why and how the team considered this evidence**

253 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

254 The review team considered the relevant academic regulations and policies of Pearson and the College, including the Pearson Quality Assurance and Assessment Guide, [113] the Pearson guidance on grading, [112] the external examiner requirements [172] and the Pearson Guide on Assessment and Feedback, [173] and the College's Quality Assurance Policy [004] in order to identify how the College ensures that courses are high-quality.

255 The review team considered the College's plans for working in partnership with Pearson to assess whether the College has credible, robust and evidence-based plans for securing standards in partnership work. This included the Strategic Plan, [140] the Quality Assurance Policy, [004] and Annual Course and College Review report. [005]

256 Partnership agreements were reviewed by the team to assess the basis for the maintenance of high-quality provision in the College's partnership with Pearson including the Pearson approval for Ilford, [001] Pearson qualification approval [002] and Pearson centre approval document. [114]

257 The review team looked at the external examiner's report [009] to assess whether the external examiner considers the course to be high quality, thus confirming the effectiveness of the underpinning arrangements.

258 The review team met senior, academic and support staff to test that they understand and discharge their responsibilities to the awarding body effectively. [M1, M3, M4, M5]

259 The review team looked at student views as expressed in the student submission [SS] and student feedback forms [035-39, 088-096, S2] in order to assess whether students regard their programme as high-quality.

## **What the evidence shows**

260 The review team's analysis of the evidence led to the following observations.

261 The College's engagement with Pearson's requirements and regulations ensures that there are comprehensive and clear policies for the management of the partnership and the quality of the academic experience of the provision. The College aligns its processes



with the Pearson Quality Assurance and Assessment Guide [113] as well as additional documents such as Guidance on Grading [112] and the Guide on Assessment and Feedback. [173] The College's engagement with Pearson is in line with its agreements and with the standard Pearson Responsibilities Checklist, [0002] which relates to all Pearson higher education partnerships. The review team found that there are clear and comprehensive regulations and policies for the management of the partnership with Pearson.

262 The review team considered a range of evidence in respect of the College's plans for working with Pearson, including centre [002] and qualification [001] approval, Pearson Quality Assurance and Assessment Guide, [113] the Strategic Plan, [140] the College's Quality Assurance Policy [004] and the annual monitoring report and action plan. [005, 174] The College's plans for the partnership are to continue to ensure its compliance with the regulations, policies and requirements of Pearson and the team considered this a credible plan to ensure a high-quality academic experience for provision delivered in partnership with Pearson.

263 The external examiner's report [009] was positive about the design and delivery of the programme and the student academic experience. The team therefore found that the external examiner indicated that the academic experience is high-quality.

264 In meetings with the review team, [M1, M3-M5] College staff at all levels demonstrated understanding of Pearson's requirements for quality and were able to articulate how they meet these. Staff clearly understand the division of responsibilities between the College and Pearson in the partnership arrangements including in respect of course delivery, assessment, moderation, engagement with the external examiner and processes for monitoring the quality of provision. Staff indicated to the team the importance of ensuring that it is meeting Pearson's requirements.

265 Student feedback on the quality of their programme is positive through feedback mechanisms including the module feedback forms, [035-039, 088-096, S2] and students are positive about the staff and the teaching. In the meeting with students, [M2] they were very positive about the design and delivery of their programme and the teaching staff. The review team found that students regard their programme as high-quality.

## **Conclusions**

266 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

267 The review team concludes that the College has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them. The team reached this conclusion as it found that the College operates within the requirements of its agreement with Pearson and complies with Pearson's frameworks, policies and systems and thus allows for effective partnership between Pearson and the College to exist. Staff understand their roles and responsibilities for providing a high-quality academic experience and comply with Pearson requirements and regulations. The agreement documentation with Pearson is up to date and covers the provision being offered. The external examiner comments positively on the quality of the academic experience and students regard their experience as high-quality. The review team therefore concludes that this Core practice is met.

268 The evidence underpinning this judgement reflects most of the evidence described in the QSR evidence matrix, therefore the review team has a high level of confidence in this judgement.

## **Q9 The provider supports all students to achieve successful academic and professional outcomes**

269 This Core practice expects that the provider supports all students to achieve successful academic and professional outcomes.

270 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

271 The review team assessed the evidence presented, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Annual Course and College Review 2018-19 [005]
- b Programme Student Handbook [007]
- c Pearson Annual Monitoring Visit report 2017-18 [008]
- d Pearson External examiner report 2019 [009]
- e Learning and Teaching Policy [033]
- f Student feedback outcomes [035-041]
- g Organisation chart [052]
- h Organisation chart with staff currently in post [111]
- i Welfare Strategy [068]
- j Individual Learning Plan (ILP) Procedure [069]
- k Examples of Individual Learning Plan (ILP) forms [071-077]
- l Student feedback questionnaires, [035-039] summaries by group [094-096] and analysis [S2]
- m Assessed student work [105-110]
- n Disability Policy [117]
- o Strategic Plan [140]
- p Reasonable Adjustments and Special Considerations [153]
- q Support for Learning Difficulties and Mental Health Problems [154]
- r Careers Advice Guide [159]
- s Minutes of Welfare Committee [161]
- t ACCR Action Plan 2018-19 [174]
- u Sample lesson plans (tutorial sessions) [181, 182]
- v Sample assessed work with feedback [S3]
- w Meeting with senior staff [M1]
- x Meeting with students [M2]
- y Meeting with academic staff [M3]
- z Meeting with support staff (including senior staff acting in a support role) [M4]
- aa Final meeting. [M5]

### **How any samples of evidence were constructed**

272 To assess whether the feedback given to students on assessed work is

comprehensive, helpful and timely, the team viewed a random and representative sample of assessed student work: three examples from three different modules at Level 4 and three from three different modules at Level 5 (a total of 18 pieces of assessed work) including work marked by a number of different members of staff. This was in addition to 12 examples of formative and summative feedback provided in the initial submission of evidence. The sample included pieces of assessed work which had resulted in merit or distinction grades as well as work which had resulted in referral and resubmission. The team requested for each module the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

### **Why and how the team considered this evidence**

273 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

274 The review team looked at policies to identify the College's approach to student support, including how it identifies and monitors the needs of individual students: organisational structure documents; [052, 111] the Disability Policy; [117] information on how the College is supporting student progression; [210] the Careers Guide; [159] work-based learning policies and agreements; [078-9, 134-138] policies addressing support needs (reasonable adjustments) [153] and support for specific learning difficulties and mental health problems; [154] the Welfare Strategy [068] and minutes of the Welfare Committee; [161] the Learning and Teaching Policy and procedures for and examples of ILPs. [069, 071-077]

275 The review considered the outcomes of student module feedback forms [035-039, 094-096, S2] in order to identify students' views about the support mechanisms provided. The team also reviewed the Programme Handbook [007] to assess the information provided to students on the support available.

276 The team reviewed the external examiner report [008] and the most recent visit report from Pearson, [009] the Annual Course and College Review and action plan, [005,174] information on how the College is supporting student progression, [210] and the Strategic Plan [140] in order to assess whether the College has credible, robust and evidence-based plans for ensuring that all students are supported to achieve successful academic and professional outcomes.

277 The review team looked at assessed student work to test whether students are given comprehensive, helpful and timely feedback on their work. [S3, 105-110]

278 The review team met staff to assess whether they understand their responsibilities and are appropriately skilled and supported. [M3-4]

279 The review team met students to identify their views about student support mechanisms and to assess whether students who have made particular use of student support services regard those services as accessible and effective. [M2]

### **What the evidence shows**

280 The review team's analysis of the evidence led to the following observations.

281 The College's mission, as set out in its Strategic Plan, [140] includes providing students with 'the support they need to achieve their qualifications and career aspirations', and one of the strategic aims for 2018-21 is to ensure that 'support adds value to the student experience'. The Learning and Teaching Policy includes aims relating to student skills development, focusing on encouraging independent learning, development of communication skills, development of skills and reflective practice and development of employability skills. [033] The College has policies addressing particular needs, such as learning difficulties and mental health, [154] disability [117] and reasonable adjustments. [153] The team found that the staff structure does not identify staff to support these policies [052,111] and the policies lack detail on responsibilities for implementation.

282 The support policies demonstrate understanding of needs but largely support students to find external help, for example referring students to the Disabled Students Allowance but not indicating any support offered within the College. [154] The Welfare Strategy [068] is narrowly focused primarily on behavioural aspects and lacks detail of broader learning support concerns. There is a committee on student welfare which meets only occasionally, with the most recent meeting (in 2018) focusing on Prevent. [161] The Student Welfare Officer role is currently being shared between the Head of Academics and Head of Administration. [111] The team was told by senior staff [M1] that if a particular learning need or disability is identified, the College would refer the student to the Disabled Student Allowance scheme, and would then work on an individual plan for the student based on their identified needs. These arrangements have as yet not been tested, however, as the team was told that no students have identified any specific learning support needs. [M1] The Student Handbook [007] indicates that support for disability or learning needs is available through the Welfare Officer.

283 The College has a Careers Guide, [159] and also referred the team to the work-based learning strategy as part of its approach to careers development. [078] The Careers Guide [159] is intended for staff to use when advising and supporting students on careers. The review team was told [M1] that some support for careers is integrated into the HND programme, for example one module requires students to produce a CV and covering letter. Senior staff also stressed that through the 'open door' policy students can arrange to meet staff to seek careers support. [M1] The Careers Guide [159] provides some advice, although it does not appear to have been tailored specifically to the College's provision. Staff told the review team that students could be referred to the National Careers Service [M1] and the Careers Guide includes the relevant link. Academic staff [M3] told the review team that they encourage students to identify their career aspirations, to relate their job to the course and to bring life experience to discussions in the classroom. Academic staff also said that they were hoping to offer more enrichment activity to students, including visits to appropriate businesses. [M3] Through its work-based learning strategy, [078] the College intends to offer work-based placements in the future. Students [M2] are happy with the current arrangements for careers support as many were seeking to run their own business after the course and considered that the course was giving them the necessary business skills for their aspirations, and they also confirmed that advice on CVs and job applications was provided. The review team considers that the arrangements for careers support are adequate for the College's current position.

284 There is currently no formal pastoral/personal tutoring support, but the scale of student numbers supports a close student-teacher relationship and there is an 'open-door' policy that enables students to contact staff when they need to do so. The ILP process [069] requires that student learning needs are identified, discussed and monitored during the year. The process [069] has three stages. The first involves the student completing a self-assessment of their skills and learning and support needs. The student then has a 1:1 meeting with a tutor to discuss the assessment and the student's learning needs, and to agree learning objectives. The third stage is a progress review discussion between the

student and tutor and, where necessary, there may be several progress review meetings if ongoing support is needed by the student. The review team saw examples of completed ILP forms, [071-077] which demonstrated that this process is operating effectively. Students [M2] all agreed that the ILPs help them to identify learning needs, enable them to understand how they are progressing, and also provide an opportunity for students to identify any concerns about their academic progress.

285 The team was also provided with information on actions the College has taken [210] to enhance its support for student achievement and progression, particularly in terms of study skills support for academic writing and presentation skills. The College has introduced study skills sessions which run throughout the first term of the first year of the programme, with further sessions in the first term of the second year. In addition, the College restructured the timetable in order to incorporate weekly tutorial sessions, which include additional support for students on the assessment tasks, particularly in the lead up to submission. [210] The lesson plans provided for tutorial sessions indicate that there is group discussion and support, and that students can also request 1:1 time with a tutor during these sessions. [181,182] Information on the study skills support and tutorial arrangements are set out in the Programme Handbook, [007] and students [M2] said they valued these opportunities. The review team found that the College's arrangements to support students to achieve successful academic and professional outcomes are comprehensive, robust and credible.

286 The Pearson Annual Monitoring Visit Report [008] for 2017-18 was supportive of the College and made positive comments about support arrangements. However, the visit took place when there was only one student, and prior to the relocation to new premises. The Pearson external examiner [009] was also positive and made no recommendations relating to student support. The Annual Course and College Review [005] evaluates the operation of the programme and also looks more broadly at the operation of the College during the year. This includes consideration of the external examiner report, student data and feedback from staff and students. There is an associated action plan, although this does not have any actions specifically relating to student support arrangements. The Strategic Plan [140] has an action relating to student welfare, in the context of student concerns or grievances, and an action concerning responding to identified support needs, although this was in the context of admissions rather than student support more broadly. The review team was told by senior staff that plans for future developments for support of welfare, learning support and careers support are contingent on student number growth [M5] but that the intention is, as student numbers grow, to recruit additional staff members with prior experience and qualifications in meeting support needs, and to have a small dedicated team of staff working on these matters. [M4, M5] These plans are, however, not yet definitive, robust or credible.

287 Review of samples of assessed work provided [S3] demonstrated that feedback was provided in accordance with the Pearson requirements, with clear explanations given to students as to the mark awarded, and the reason for not being awarded a higher grade. Some sets of feedback were fuller than others, although all were at least adequate. At times, the feedback against learning outcomes is overly structured [105-110] leading to piecemeal approaches to assessments. This can inhibit the approach to analytical writing, with some assessments [105-110] being presented explicitly against the headings of the learning outcomes. Examples were seen of work which had failed to pass and subsequently been resubmitted, with feedback for both submissions, and of modules where multiple markers had fed back in an organised and coherent manner. Feedback was generally constructive and informative and clearly designed to assist students in their learning. [S3] The team found that assessed student work demonstrates that students are given comprehensive, helpful and timely feedback.

288 Staff [M3, M4] understand their role in supporting student achievement and are appropriately skilled and supported. The staff currently covering the support staff roles were

able to articulate the College's approach to student support and their role in it. Academic staff [M3] understand their role in supporting student academic and professional achievement, including the ILP process and tutorials.

289 Students were positive about the support they receive, and indicated that they feel well supported to achieve successful academic and professional outcomes. Students told the team that the feedback they receive on assessment is very helpful, that it enables them to understand how to improve and helps them to progress in their learning. Students confirmed that they receive feedback promptly, normally within two weeks; dates of assessment hand-ins, and the date by which students will receive feedback are all published on Turnitin. [M2] The majority of the students indicated to the team [M2] that they are already in employment and many wish to move into self-employment and believe the course itself is preparing them well for this. They also said that they could seek support with CVs and interview preparation from staff. Students confirmed there was no defined pastoral support, but they said they have good relationships with academic staff who provide them with individual support as required. [M2] Feedback from student evaluations [035-039,094-096, S2] was positive, suggesting that students feel well supported and that they value their teachers. None of the students met by the team had identified a learning need or requested additional support. [M2]

## **Conclusions**

290 As described above, the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

291 The review team found that the College supports all students to achieve successful academic and professional outcomes. The College has policies for student support that enable positive academic and professional outcomes. Assessed student work demonstrates that students receive comprehensive, helpful and timely feedback. Staff understand their role in supporting student achievement. The processes of ILPs, tutorials and study skills support ensure that student needs are identified and monitored. Some aspects of student support are as yet untested and plans for future staffing of student support mechanisms are not definitive, robust or credible, being dependent on how the College develops in terms of its student numbers and its ability to recruit appropriate support staff. Students nevertheless feel very well supported to achieve successful academic and professional outcomes. The review team concludes that, on balance, this Core practice is met.

292 The evidence underpinning this judgement reflects most of the evidence described in the QSR evidence matrix. However, the team found that plans for the further development of student support staffing are not yet definitive, robust or credible. The review team therefore has moderate confidence in this judgement.

## Annex 1

000 Provider Submission  
0000 Evidence List at 10 January 2020.xlsx  
0000 Evidence List at 20 January.xlsx  
0000 Evidence List at 7 February.xlsx  
0000 Evidence List Initial Submission  
0000 QSR Request for additional evidence post team planning meeting LCBS  
0001 Request for additional evidence post desk-based analysis 131219 upload 100120  
0002 Pearson Responsibilities Checklist for QSR  
SS Student Submission  
001 Pearson Approval for Ilford  
002 Qualification Approval  
003 Academic Assessment and Internal Verification Policy  
004 Quality Assurance Policy  
005 ACCR 2018-19  
006 HND Programme Specification  
007 Programme-Student Handbook  
008 34976 LCBS AMR Report 1718  
009 Pearson EV Report April 2019  
010 Grading Criteria HRM  
011 Grading Criteria MA  
012 Grading Criteria ESBM  
013 Unit 9 Assignment Brief  
014 Unit 8 Assignment Brief  
015 Formative Feedback 1  
016 Formative Feedback 2  
017 Formative Feedback 3  
018 Formative Feedback 4  
019 Formative Feedback 5  
020 Formative Feedback 6  
021 Learner Assessed Work 1  
022 Summative Feedback 1  
023 Learner Assessed Work 2  
024 Summative Feedback 2  
025 Learner Assessed Work 3  
026 Summative Feedback 3  
027 Standardisation Meeting 18 Oct 2018  
028 Standardisation Meeting 21 Dec 2018  
029 Standardisation Meeting 15 May 2019  
030 Academic Committee Meeting 30 April 2019  
031 Recruitment and Admissions Policy  
032 HE Enhancement Strategy  
033 Learning and Teaching Policy



034 Access and Participation Statement  
035 Student Feedback 1  
036 Student Feedback 2  
037 Student Feedback 3  
038 Student Feedback 4  
039 Student Feedback 5  
040 Internal Verification 1  
041 Internal Verification 2  
042 Internal Verification 3  
043 Internal Verification 4  
044 Staff Recruitment Policy and Procedure  
045 Staff Handbook  
046 CPD Policy  
047 Staff Appraisal 1  
048 Staff Appraisal 2  
049 Staff Appraisal 3  
050 CPD Teaching Training for Academic Staff.ppt  
051 CPD Training Formative feedback.pptx  
052 Organisational Chart  
053 Quality and Standards Committee Meeting  
054 Quality and Standards Committee Meeting 2  
055 Minutes for Student Representative Meeting  
056 Minutes for Student Representative Meeting 2  
057 JD Director of Standards and Enhancement  
058 JD Head of Academics  
059 Principal  
060 JD Head of Administration  
061 JD Lecturer  
062 JD Programme Leader  
063 CV  
064 CV  
065 CV  
066 Lesson Observation  
067 Lesson Observation  
068 Welfare Strategy  
069 ILP Procedure  
070 Self Assessment 1  
071 ILP Form 1  
072 Self Assessment 2  
073 ILP Form 2  
074 Self Assessment 3  
075 ILP Form 3  
076 Self Assessment 4  
077 ILP Form 4

078 Work-based Learning Strategy  
079 WORK-BASED LEARNING PLAN INHOUSE  
080 Lesson Observation Sundus  
081 Student Engagement Strategy  
082 Student Representative Training.pptx  
083 Student Representative Handbook  
084 Academic Appeals Policy and Procedure  
085 Complaints Policy  
086 Staff Induction Activities  
087 Employer - Work-based Learning  
088 BBE Group 1  
089 BBE Group 2  
090 BBE Group 3  
091 ME Group 1  
092 ME Group 2  
093 ME Group 3  
094 Overall Group 1  
095 Overall Group 2  
096 Overall Group 3  
097 Academic Appeal and Decision  
098 Academic Appeal and Decision 2  
099 Scheme of Work HRM  
100 Scheme of Work ME  
101 Lesson Plan  
102 Lesson Plan  
103 IV of Unit 1 Assignment Brief  
104 IV of Unit 2 Assignment Brief  
105 Learner Assessed Work 4  
106 Summative Feedback 4  
107 Learner Assessed Work 5  
108 Summative Feedback 5  
109 Learner Assessed Work 6  
110 Summative Feedback 6  
111 Organisational Chart and Roles 2019-20  
112 HN Grading  
113 Pearson HN Quality Assurance and Assessment Guide  
114 Approval-centre-agreement  
115 Policy for Programme Approval  
116 Equality and Diversity Policy  
117 Disability Policy  
118 Equal Opportunities Policy  
119 Welfare Strategy  
120 Fee Policy  
121 Refund and Compensation Policy

122 Malpractice Policy and Procedure  
123 Managing Recruitment through Agents Policy  
124 Lecturer Job Advertisement  
125 New Student Induction Checklist  
126 Administrative Committee Meeting Minutes 11-10-2018  
127 Health and Safety Policy  
128 JD- Academic Resource Manager  
129 JD- Academic Student Support Officer  
130 Committee Structure and Terms of Reference 2019-20  
131 Email- Update on my situation  
132 Email - College Attendance Issues  
133 Email Chemotherapy  
134 Student Placement Guide  
135 Work Placement Agreement  
136 Work Placement Guide  
137 WORK-BASED LEARNING PLAN - INHOUSE  
138 Employer Health and Safety and Risk Assessment  
139 Student Complaints Record  
140 Strategic Plan with Report on Progress Made  
141 WBL Letter of Expectation  
142 Employment Records 1  
143 Employment Records 2  
144 Employment Records 3  
145 Employment Records 4  
146 Pearson APMR Email  
147 Recruitment Agency Agreement  
148 Tracking Sheet -HND Business.xlsx  
149 Public Information Policy  
150 Prevent training (WRAP 2019) - LCBS shareable.pptx  
151 Fire Safety Training.ppt  
152 STAFF CPD RECORD  
153 Reasonable Adjustment and Special Considerations  
154 Support for Specific Learning Difficulties and Mental Health Problems  
155 Extenuating Circumstances Policy  
156 Recognition of Prior Learning policy  
157 Complaint- Concern Sign  
158 Disciplinary Procedure  
159 Career Advice Guide  
160 Quality and Standards Committee Meeting 3  
161 Management of Student Welfare Committee Minutes  
162 Board Meeting Minute June 2018  
163 Board Meeting Minute September 2018  
164 Board Meeting Minutes Jan 2019  
165 Board Meeting Minutes June 2019

166 Academic Meeting Minutes 05-10-2018  
167 Assessment Board 14 Jan 2019  
168 Assessment Board 15 Feb 2019 - Resubmission  
169 Assessment Board 10 May 2019  
170 Assessment Board 13 June 2019 - Resubmission  
171 Assessment Board 03.09.19  
172 Pearson HN Guide to External Examination  
173 Pearson HN Guide on Assessment and Feedback  
174 ACCR Action Plan 2018-19  
175 OB Lesson Plan 5 Group 4.doc  
176 LCBS Lesson Plan 5 IM.doc  
177 Lesson Plan Week -5 Session 1 (I and C).doc  
178 Lesson Plan 11-02-2020 (BS).doc  
179 Lesson Plan 11-02-2020 (ESBM)  
180 Lesson Plan Week 5 Lesson 1 (MSBP).doc  
181 Lesson Plan Week 5 IM tutorial.doc  
182 Lesson Plan Week 5 HRVCOS tutorial.doc  
183 Assessment Board 18 Oct 2019 - Resubmission  
184 Assessment Board 15.01.20  
185 Standardisation Meeting 26 March 2019  
186 Standardisation Meeting 24 Sept 2019  
187 Standardisation Meeting 03 Feb 2020  
188 Offer Letter Email  
189 Quality and Standards Committee Email to learners  
190 Quality and Standards Committee Meeting Email 2  
191 Quality and Standards Committee Email 3  
192 Email for Student Rep Committee meeting and Students regarding Student Submission and minutes of  
193 Learner Submission Email  
194 Minutes for Student Representative Meeting 28-01-20  
195 Email from Pearson  
196 Letter from Pearson  
197 APMR Email  
198 Romania Bac Dip UK Equivalence  
199 Romania Bac Dip equivalence 2  
200 Target Setting and Tracking  
201 Learner Progression Statement  
202 Grading Criteria - Unit 34 Business Systems  
203 Grading Criteria Unit 36 HRVCOS  
204 Grading Criteria - Unit 40 International Marketing  
205a Induction Checklist example  
205b Induction Checklist example  
M1 Notes of Meeting 1 Senior staff  
M2 Notes of Meeting 2 Students

M3 Notes of Meeting 3 Academic Staff  
M4 Notes of Meeting 4 Support Staff  
M5 Notes of final meeting  
O1 Teaching Observation EJ  
O2a-b Teaching Observation DS  
S1 Sample Analysis Admissions  
S2 Sample Analysis Student Feedback  
S3 Samples Analysis Assessment  
T1 Resources tour  
Student Portal demonstration  
Website [lcbs.co.uk](http://lcbs.co.uk)

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Southgate House, Southgate Street, Gloucester GL1 1UB  
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Tel: 01452 557000  
Web: [www.qaa.ac.uk](http://www.qaa.ac.uk)