



Designated Quality Body
in England

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

Anglo Skills College



Review Report

December 2021

Contents

Summary of findings and reasons	1
About this report.....	15
About Anglo Skills College	15
Anglo Skills College and Pearson Education Ltd: Responsibilities	16
How the assessment was conducted	18
Explanation of findings	20
S1 The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks	20
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	28
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.....	34
S4 The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.....	40
Q1 The provider has a reliable, fair and inclusive admissions system.....	46
Q2 The provider designs and/or delivers high-quality courses	53
Q3 The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience	60
Q4 The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.....	68
Q5 The provider actively engages students, individually and collectively, in the quality of their educational experience	75
Q6 The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.....	81
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	87
Q9 The provider supports all students to achieve successful academic and professional outcomes	92
Annex 1	98

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	Moderate	<p>From the evidence seen, the assessment 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's regulatory framework. The assessment team also considers that standards described in the approved Pearson programme documentation are set at levels that are consistent with sector-recognised standards and the College's approach, as evidenced at the visit and based on oral testimony and future plans, should ensure that standards are maintained appropriately. The assessment 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's regulatory framework.</p> <p>The College is currently delivering higher education programmes to very small cohorts of students, and has done so for several years. The assessment team considers that, based on the evidence presented in the form of the external examiner reports and the Pearson Academic Management Review reports, there have been no significant concerns relating to the maintenance of threshold standards, and that the College has maintained consistency with relevant national frameworks. The College has generally relied on generic Pearson documentation and procedures, and has only recently developed its own policy documentation and</p>

				<p>plans for internal committees, which have only become necessary as it looks to increase student numbers.</p> <p>The assessment team considers that the perceived requirement to produce and present policy and procedural documentation for the QSR, in readiness for the development of the College and growth in student numbers, may have inadvertently encouraged the College to develop policy and procedure documents that would have benefited from further input, revision and consolidation. Although the team identified issues with the usefulness, clarity and coherence of some of the College's policy and procedural documentation, in conjunction with the College's use of Pearson regulations and guidance, the team considers that their use alongside the Pearson documentation relating to regulation and policy means that there is an adequate framework for maintaining standards. There are credible and feasible plans for academic governance which take account of the planned growth in student numbers.</p> <p>During the visit staff of the College were able to relate how they ensure the maintenance of standards currently when working with Pearson. The assessment team was therefore assured that the staff understand their roles in this regard. The Core practice is therefore 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 comparable with those achieved in other UK providers.	Met	Moderate	Based on the evidence presented to it, the assessment team determined that the standards set for students to achieve beyond the threshold on the College's courses are reasonably comparable with those set by other UK providers. The assessment team considers that the standards described in the approved programme documentation and in the College's academic

				<p>regulations and policies should ensure that such standards are maintained appropriately.</p> <p>Although the assessment team had some concerns about the usefulness of some of the College's documentation, the team was reassured through oral testimony that the College's current approach to the setting and maintenance of standards is appropriate. This is because of the low student numbers that the College has enrolled to date and the relatively small number of staff consequently involved in the delivery of teaching and learning, and assessment and verification; this has lessened the need for formal structures and policies in addition to those of the awarding organisation. The College also has credible plans for modification to its academic governance arrangements should increases in student numbers result. Furthermore, it was apparent that staff understand and adhere to the policies and procedures laid down by Pearson and that students understand what is required to reach standards beyond the threshold. Therefore, the assessment 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	Met	Moderate	The team concludes that where the provider is working in partnership with Pearson it has credible plans to secure academic standards and that College staff understand well the responsibilities applicable to themselves and Pearson. The team was satisfied that partnership agreements are in place, cover the necessary approvals, and are up to date. The College is

	courses are delivered or who delivers them.			<p>planning to deliver a programme that includes a compulsory assessed placement and although it has produced a placement policy it has not yet developed associated documentation to support this. However, the College's staffing plans indicate a commitment to recruiting an additional staff member whose responsibilities will include management of the relationships with placement providers. The team also noted that the College's plans for its own internal annual monitoring and action planning, while appropriate, are newly produced and therefore not yet tested. Despite the team having some reservations about the usefulness, clarity and coherence of some of the College's policy and procedural documentation, overall their use alongside Pearson documentation on regulation and policy provides an adequate framework to ensure that awards delivered in partnership with Pearson will be credible and secure. Pearson AMR reports confirm satisfaction with the College's implementation of its requirements and policies and external examiner reports confirm that the standards of awards delivered in partnership are credible and secure. The assessment team concludes, therefore, that the Core practice is met.</p>
S4	The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	Met	Moderate	<p>The assessment team concludes that the College uses external expertise, assessment and classification processes that are reliable, fair and transparent. This is because the College utilises the procedures of Pearson to deliver its qualifications, supplementing these with its own documentation, for example for internal verification. The appropriate application of Pearson expectations is verified by external examiner reports, which confirm that the assessment process measures student achievement rigorously and fairly in line with Pearson policies and</p>

				<p>regulations. The College has not previously had a process for responding to external examiners' reports, however it has established a process for drawing up an action plan in response to Pearson annual monitoring and external examiners' reports that should enable the College to evaluate examiners' comments in a more formal way and track its responses to issues raised. Staff understand the requirements for the use of external expertise for Pearson courses and students appreciate the reliability, transparency and fairness of assessment and classification processes.</p> <p>Students confirmed that the assessment criteria are clearly set out and are accessible to them and that they regard assessment as reliable, fair and transparent. Beyond an in-prospect but not defined plan to use an external moderator to provide the College with an additional external perspective, the College has no current plans for using external expertise to further develop policies and procedures or to use external expertise in other areas of its work, for example in programme approval. Therefore, the assessment team concludes, based on the evidence described above, that the College uses external expertise, assessment and classification processes that are reliable, fair and transparent and this Core practice is met.</p>
Q1	The provider has a reliable, fair and inclusive admissions system.	Not met	High	<p>The team considered that the College meets Pearson's requirements with regard to admissions. The College has recently applied a bespoke one-to-one approach for admissions because of the very small student numbers. The in-prospect Admissions Policy and supporting procedures are as yet untested but if implemented appropriately would be fit for purpose and support reliable, fair and inclusive admissions. Admissions</p>

				<p>records demonstrate that, overall, the College policies are implemented but some gaps were seen in application evidence. Students told the assessment team that they had all the information they needed during the application process. However, the team concludes that, overall, the College does not have a reliable, fair and inclusive admission system. This is because there are no definitive plans for staff training, including for those involved in interviewing applicants or in equality, diversity and inclusivity. Some of the information for applicants is not transparent and may mislead students as to the resources available to them at the College and the nature of opportunities to progress to universities. The College confirmed that they have used recruitment agencies in the past, and although the assessment team was provided with a template contract for a recruitment agency agreement, no evidence of plans for the management of these arrangements or completed copies of the contract were provided. The College was clear that it makes the final decisions on applications, but staff did not demonstrate an understanding of the risks involved when using agents in recruitment. The assessment team therefore concludes that the College does not provide a reliable, fair, and inclusive admissions system and that this Core practice is not met.</p>
Q2	The provider designs and/or delivers high-quality courses.	Met	Low	<p>The team found that there are some positive aspects of the delivery at the College indicating an approach to teaching and learning that is of high quality. The team found that some aspects of the College's approach to internal quality assurance, student evaluation and teaching observation are currently confusing or contradictory and the team identified some issues with the College's own quality documentation. However, the</p>

				<p>College does adhere to Pearson procedures and policies. This is evident in terms of curriculum design, content and organisation, as well as learning, teaching and assessment approaches in which unit content is consistent with the programme specifications and assessment design, and marking and verification satisfy Pearson's requirements. Pearson AMR and external examiner reports indicate satisfaction in respect of teaching, learning and assessment and confirm that the College's courses are high quality. Students are very satisfied with their experiences at the College and indicate that they regard their courses as high quality.</p> <p>The College's plans for academic governance provide a credible approach to committee oversight of the quality of courses. Student evaluation mechanisms are not yet fully developed, and there was some confusion and contradiction in the proposed arrangements described to the team; however, overall the College has credible plans in relation to student feedback mechanisms that will be implemented should student numbers increase. The assessment team formed the view that, although staff did not outline a shared approach to how they ensure that delivery of teaching and learning is high quality in the College's context, the staff are able to deliver worthwhile educational experiences for students. Therefore, the assessment team concludes that, on balance, the Core practice is met.</p>
Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Not Met	High	The assessment team found that the College's current approach to the recruitment, appointment, induction and development of staff is not robust or credible. The current and planned staff development opportunities were vaguely outlined and not suitable to the needs of delivery of higher education. The approach to staff

			<p>appraisal was also difficult to determine and inconsistent. The team also concluded that the future plans in respect of these areas had not been adequately established. Additionally, the regulations or policies for the recruitment, appointment, induction and support for staff do not ensure that staff are appropriately qualified and skilled, and the governance process that underpins the development of staffing policies is unclear. The team was unable to establish adequately that all staff had been recruited, appointed, inducted and supported according to the College's regulations or policies, for example in terms of the requirement that academic staff should have a teaching qualification (or be supported to achieve one).</p> <p>The team was also concerned about some issues identified with contracts and the policy on staff retirement, which suggest that the College's staffing processes are not informed by good human resource practice and a full understanding of current legislation. The flexible nature of the staff contracts currently in use is such that the approach to staffing may lead to lack of continuity in providing sufficient appropriately qualified and skilled staff. The team found that senior management were unclear of any risks inherent in their staffing model and how any changes in the staffing base would be effectively managed.</p> <p>The assessment team therefore does not have confidence that the College's approach to staffing will ensure that it has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The assessment team concludes, therefore, that the Core practice is not met.</p>
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Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Not Met	High	<p>External examiners confirm that the College provides facilities that are sufficient for current student numbers and students have a positive view of the facilities, learning resources and support services. Although the College articulated an in-prospect resource strategy, it does not have a credible formal resources strategy for the further development and maintenance of facilities and was unable to provide credible plans to develop its learning resources and student support services. The student support arrangements are not adequate for the size of the planned higher education provision and although the College indicated plans to recruit additional staff, the documented staffing plans provide no information on proposed new staff roles for student support.</p> <p>There was some lack of clarity regarding staff roles and responsibilities in supporting students. Staff do not hold specific qualifications relating to aspects of student support, and there was limited evidence that support staff have appropriate qualifications and training; however, it was confirmed that suitable arrangements can be made, where necessary, for the referral of students to specialist external support services and that the College intends to recruit additional staff to support these processes in future. These plans are, however, not documented.</p> <p>The team's assessment of facilities, learning resources and support services confirms that the College cannot offer a high-quality academic experience for its planned student numbers because of limited provision of library facilities and learning resources and lack of a defined strategy to expand facilities and provide the full range of support mechanisms for students. The assessment</p>
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				<p>team found that although the College has sufficient resources to support its current small student numbers, it did not demonstrate that it will have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience for its planned growth in student numbers. This Core practice is, therefore, not met.</p>
Q5	<p>The provider actively engages students, individually and collectively, in the quality of their educational experience.</p>	Met	Moderate	<p>The assessment team concluded that the College has credible plans to actively engage students, individually and collectively, in the quality of their educational experience. Currently student representatives have been appointed and end of unit and term surveys have been implemented. Given the current small number of students, the staff team actively engages with each student individually on their learning experience and students were very happy with this arrangement. The College is, however, developing more formal arrangements, for example a student representative is a member of the Academic Board, and the Programme Committee and Student Representative Committee (which the College proposes to implement from September 2022) will also include student members. There is a Student Representative Handbook and the College plans to train student representatives to support them in their role.</p> <p>There are also plans to strengthen the reporting mechanisms when student numbers grow, for example to use surveys and questionnaires to elicit views from across the student body, and plans for the outcomes of these to feed into the annual monitoring processes and through the committee structure. There are also plans for communication with students on actions taken in response to their feedback through, for example, the</p>

				<p>VLE and newsletters. Although these plans are not yet fully documented, and during the visit the team found there were some discrepancies in testimony particularly regarding plans for student surveys and questionnaires, the assessment team nevertheless found there to be a clear intention to engage students in their educational experience, robust plans for the involvement of students in the governance committees and an intention to provide training and support for student representatives. The assessment team therefore considers that there are credible plans to actively engage students in the quality of their educational experience and concludes, therefore, that the Core practice is met.</p>
Q6	<p>The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.</p>	Not Met	High	<p>There are no current arrangements for recording and monitoring the outcomes of informal complaints processes and although plans to do so were articulated in response to a meeting question at the visit no documentary evidence of such plans was provided. Given that the College has received no formal complaints or appeals, it was not possible to view examples that would enable the team to assess how the College implements its procedures and whether they enable fair outcomes. The team identified some issues with the clarity and completeness of the procedures, including errors and discrepancies, a lack of clarity about how the complaints procedure is applied to different aspects of the student experience, incomplete detail in the appeals procedure regarding timescales, and a lack of clarity on the arrangements for escalation, with neither policy referring to Pearson and the OIAHE being referred to only in the appeals procedure. The team also noted some lack of independence in the procedures in terms of the role of the Principal.</p>

				<p>The team also identified issues relating to document version control, with the version of the complaints procedure on the website differing from the version presented to the team as the definitive current procedure. Staff and student handbooks contain limited information, the staff handbook including information only on complaints and the student handbooks having a very brief cross-reference to the appeals procedure but no reference to complaints. Students were aware of the complaints and appeals procedures and confirmed that they are discussed at induction, although none had used the formal procedures. Although the team recognises that at the College's current stage in its development, complaints and appeals are likely to be successfully resolved through informal mechanisms and that the formal procedures therefore do not feature prominently in the College's current practices, the College was not able to provide any evidence of monitoring and reflecting on informal complaints. The combination of issues highlighted has resulted in the assessment team concluding that the College does not have sufficiently robust and credible plans for developing and operating fair and transparent procedures for handling complaints and appeals that are clear and accessible to students. The assessment team concludes, therefore, that the Core practice is not 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	Low	<p>The assessment team concludes that working in partnership with Pearson the College has robust and credible plans to ensure that the academic experience will be high quality. The team was satisfied that partnership agreements in place are clear, comprehensive, and up-to-date and that these reflect the College's regulations and policies. Staff have a good understanding of the planned infrastructure, framework</p>

				and responsibilities that will be required to ensure that it works within Pearson's expectations in the provision of a high-quality academic experience. Students indicate satisfaction with the quality of their programme. External examiner reports and Pearson Academic Management Review reports are positive and indicate that the academic experience is of high quality. The policies and operational procedures for the HNC/D Social and Community Work course are currently in prospect, and although a placement policy is in place no further supporting documentation was available to enable the team to understand how high quality will be achieved in placement partnerships. The team was, however, reassured by the commitment to recruit staff to support the programme and by the fact that staff understand the importance of having robust processes in place for this programme and recognise that work is required to ensure that this is achieved. The assessment team concludes, therefore, that on balance, the Core practice is met.
Q9	The provider supports all students to achieve successful academic and professional outcomes.	Met	Low	The assessment team found that the College supports all students to achieve successful academic and professional outcomes. At present, the small number of students means that they are receiving one-to-one teaching and support. The assessment team found that the College has in place credible policies that will form a basis for the academic support of students. These include policies on feedback, plagiarism, pastoral support, extenuating circumstances, careers support and a policy on student progress review. The arrangements in place for identifying and monitoring individual student needs by members of staff are appropriate for the size of the College and the nature of its planned higher education provision. Academic staff

				<p>understand their role in supporting student achievement; however, the role of support staff in supporting students was less clear, and there are no plans in place to support staff through training specific to the higher education context. The College indicated that it plans to increase support staffing for the full range of student support it aims to provide and to ensure referral to external agencies where required, although the team found that these plans were as yet undocumented. Overall, feedback on assessed work is helpful, timely and generally comprehensive. Students expressed their satisfaction with the support they receive, including the quality and timeliness of feedback on assessed work. On the basis of the evidence, the assessment team therefore concludes that, on balance, this Core practice is met.</p>
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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 from 29 November to 1 December 2021 for Anglo Skills College.

A Quality and Standards Review (QSR) is a method of assessment 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 assessment 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 assessment was:

John Byrom, Senior Lecturer, University of Liverpool
Institutional Assessor and Subject Assessor: Business and Management

Sharon Potter, Deputy Vice Chancellor, University College of Osteopathy
Institutional Assessor

Mary Hannon-Fletcher, Senior Lecturer, Ulster University
Institutional Assessor and Subject Assessor: Health and Social Care

The QAA officer for the assessment was: Julia Baylie.

The size and composition of this assessment 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 assessment to identify and resolve any possible conflicts of interest.

About Anglo Skills College

Anglo Skills College (ASC) was established in 2010 and provides further and higher education, including Pearson programmes at Levels 3-7, training courses and English language courses. The College's aim is to provide educational opportunities to students who have not been able to obtain qualifications through mainstream educational institutions or where circumstances have prevented continuing education at higher education levels. A key strategic objective of the College, as stated in the Business Development Plan 2021-23, is to recruit and admit students from a wide range of under-represented groups.

For higher education the College's student base consists at present of international students or self-financing UK students. At the time of the visit the College had three students studying on higher education programmes. However, the College aims in future to recruit local students supported by student finance, and to build up its student numbers to 35-50 in 2022-23 increasing to up to 110 students by 2024-25.

The College delivers its programmes from premises in central Nottingham. The current accommodation consists of three classrooms, a computer room, reception area and an office. ASC has two joint owners who are the company directors and who both also have job roles within the College (as Principal and Senior Manager/Welfare Officer). The work of the College is overseen by the Board of Directors, the membership of which consists of the two owners of the College. The Board of Directors has delegated the responsibility for management of the College to an Executive Management Board (which consists of the management team), and for academic governance to the Academic Board.

The College management team consists of the Principal, Senior Manager/Welfare Officer, a Director of Quality (part-time) and an Academic Manager. There are two part-time administrative staff. All current academic staff, including the Academic Manager, are employed on a flexible zero hours basis.

The College has approval from Pearson to deliver the following higher education programmes:

Level 7 Extended Diploma in Strategic Management and Leadership
Higher National Certificate/Diploma (HNC/D) Business
HNC/D Social and Community work.

The College has delivered the Pearson higher education programmes in Business and Strategic Management and Leadership since 2013, and in that time 37 students have studied these programmes at the College.

The three higher education students enrolled at the time of the QSR visit were all studying on the Pearson Level 7 Diploma Strategic Management and Leadership. This programme has been delivered at the College from 2015-16, having an initial cohort of 12 students and subsequently recruiting between one and three students per year from 2016-17 to 2020-21. Since 2015, 17 students have successfully graduated from the programme.

The College recruited between one and three students each year to the HNC/D Business from 2013-14 to 2017-18; no students were recruited to the programme in 2018-19 or 2019-20 and two HNC students were recruited for 2020-21. Since 2013, six students have graduated with HNC Business and six with HND.

From 2022-23 the College aims to recruit 20-25 students per year to the HNC/D Business programme and five to 10 students per year to the Level 7 Diploma. The College also plans to commence delivery of the HNC/D Social and Community Work from September 2022, with an initial cohort of 10-15 students.

Anglo Skills College and Pearson Education Ltd: Responsibilities

The HND programmes that Anglo Skills College delivers should lead to an award from Pearson Education Ltd (Pearson) for all successful students. 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 awards (and 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. Pearson uses information gained from its initial approval of a provider, and subsequent external examiner visits, to assure itself that relevant sector-recognised standards continue to be met through the delivery of its programme(s). Pearson also expects the provider to have in place processes and procedures to ensure that the learning materials and the learning and teaching strategy are regularly reviewed and modified to ensure their continued relevance and validity.

As set out in BTEC Centre Guide to Quality Assurance (2020-21), 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 annually register students with Pearson and upload the results of assessments once they have been moderated and finalised. Providers are also subject to annual visits from Pearson-appointed external examiners to determine whether the delivery of the qualifications, and the assessment of students, is in line with the published specifications. Providers are also required to annually submit to Pearson evidence of their ongoing review(s) of their higher education provision. Some Pearson-approved providers are subject to additional 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 assessment was conducted

The assessment 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 assessment team. However, for this assessment it was clear that the provider does not offer a research degree programme. Therefore, the assessment 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 assessment team considered a range of evidence that was submitted prior to the assessment visit and evidence gathered at the assessment visit itself [Annex 1]. To ensure that the assessment 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 assessments, the team utilised Annex 4 of the Guidance for Providers to construct this report and detail the key pieces of evidence seen. Annex 4 expects that assessment teams will sample certain types of key evidence using a combination of representative sampling, risk-based sampling and randomised sampling. In this assessment, the team sampled the following areas for evidence for the reasons given below:

- Given the nature of the College's provision, little sampling was required as it was generally possible to consider all relevant documentation.
- The assessment team requested a representative sample of records of staff recruitment (made up of four staff records, of which two were for freelance academic staff, from the total current staffing of six management and administrative staff and three part-time teaching staff), in order to assess whether staff are appropriately qualified and skilled to perform their roles and whether staff sampled were recruited according to the provider's policies and procedures.

- It was possible to consider approved course documentation for all programmes; external examiners' reports for all programmes from 2019-21 and job descriptions and staff CVs for all current staff.
- All available assessed student work was scrutinised for all assessments undertaken by students enrolled on the higher education programmes during 2020-21 and 2021-22 (a total of 18 module assessments) in order to establish whether students are given comprehensive, helpful and timely feedback; whether student assessed work reflects the relevant threshold standards; whether assessment is carried out in line with the requirements of the provider and the course; whether marks given are reasonably comparable with those achieved in other UK providers; and whether the standards of awards are credible and secure.
- Admissions records were scrutinised for all students who were recruited in 2020-21 and 2021-22 (a total of five admissions records) in order to assess whether reliable, fair and inclusive admissions decisions were made.
- As the College stated that it has received no formal complaints or academic appeals, it was not possible to sample examples of complaints or appeals.
- As the College has so far been operating student engagement mechanisms primarily through direct one-to-one engagement with students, there was limited available evidence of student views from surveys and module/course evaluations therefore no sampling was required in this area and all recent survey responses were made available.

The team visit was carried out online. Due to the current small size of the College, four review visit meetings with senior, academic and support staff were conducted on a thematic basis rather than by staff group. These themes were: Academic Standards and assessment [Meeting 1]; Admissions and student engagement [Meeting 2]; Facilities, resources and staffing [Meeting 4]; Teaching and learning and student support (including complaints and appeals) [Meeting 5]. The team also met two current students from the Level 7 Diploma programme and one student who had recently completed the HNC Business [Meeting 3]. There was also a final clarification meeting with the senior staff [Meeting 6].

The team also had a virtual tour of the College premises and resources, and a demonstration of the College's virtual learning environment.

Further details of all the evidence the assessment 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 assessment 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 QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Anglo Skills College QAA QSR Provider Submission 28 September 2021 [000]
- b ASC Revised Additional Evidence Response [000c]
- c Edexcel Centre Approval Certificate to Offer BTEC Qualifications March 2012 [007]
- d Edexcel Online Approval Awards [008]
- e Pearson approval letter to deliver the Pearson BTEC HNC/HND Social and Community Work [009]
- f Pearson letter of approval to deliver the HN Business First Teaching September 2021 [010]
- g Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership [011]
- h Pearson BTEC Higher Nationals Business first teaching September 2016 [012]
- i Pearson BTEC Higher Nationals Business first teaching September 2021 [013]
- j Pearson BTEC Higher Nationals Social and Community Work first teaching September 2018 [014]
- k ASC Programme Specification for HN Business [015]
- l ASC Programme Specification for HN Social and Community Work [016]

m	Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21 [017]
n	Pearson BTEC Higher Nationals Centre Guide to External Examination 2020/21 [018]
o	ASC Progression Agreement with Solent University Southampton [019]
p	Academic Governance Arrangements [026]
q	Terms of Reference and Constitution of Academic Board, [029] Programme Committee, [030] Assessment Board, [031] Student Representative Committee [032]
r	Pearson Academic Management Review Report 2017 to 2018 [042]
s	Pearson Academic Management Review Report 2018 to 2019 [043]
t	Pearson Academic Management Review Report 2020 to 2021 [044]
u	Pearson External Examiner Report May 2019 [045]
v	Pearson External Examiner Report July 2020 [046]
w	Pearson External Examiner Report September 2021 [047]
x	Internal Verification Unit 4 Management and Operations [049]
y	ASC Course Handbook Extended Diploma in Strategic Management and Leadership [065]
z	ASC Internal Verification and Assessment Policy [088]
aa	ASC Quality Manual [089]
bb	ASC Internal Quality Assurance Process [090]
cc	ASC Academic Regulations [091]
dd	ASC All HNCD Business External Examiner Reports 2015 to 2021 [093]
ee	ASC Level 7 SM&L Unit 2 Assignment Brief [094]
ff	ASC Level 7 SM&L Unit 3 Assignment Brief [095]
gg	ASC Level 7 SM&L Unit 4 Assignment Brief [096]
hh	Annual Quality Monitoring Policy [131]
ii	ASC Academic Governance 30 November 2021 [156]
jj	ASC Letter of Recognition with Hartpury University [160]
kk	Assessed student work [S1]
ll	A meeting with staff of the College regarding standards and assessment. [M1]

How any samples of evidence were constructed

5 Given the College's current situation, no sampling was necessary for this Core practice.

6 The team was able to look at all assessed work from 2020-21 and 2021-22 for the HNC/HND in Business and the Level 7 Extended Diploma in Strategic Management and Leadership (a total of 18 items of assessed work) in order to assess whether assessed work demonstrates that credit and qualifications are awarded only where the relevant threshold standards have been met.

7 All available external examiners' reports from the HNC/D Business and the Level 7 Diploma in Strategic Management and Leadership for 2018-2021 were scrutinised in order to check whether external examiners confirm that threshold standards are consistent with national qualifications' frameworks and that credit and qualifications are awarded only where threshold standards have been met.

8 Course documentation for all programmes was considered to assess whether threshold standards for courses are consistent with relevant national qualifications' frameworks.

Why and how the team considered this evidence

9 As highlighted, all of the evidence submitted by the College [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the College's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment 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 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 award, the assessment team considered the Provider Submission, [000] Revised Additional Evidence Response, [000c] the Edexcel Centre Approval Certificate to Offer BTEC Qualifications March 2012, [007] the Edexcel Online Approval Awards, [008] the Pearson approval letters to deliver the HNC/HND Social and Community Work, [009] and the HNC/D Business, [010] programme documentation for the Level 7 Diploma in Strategic Management and Leadership, [011] the HNC/D Business, [012,013] and the HNC/D Social and Community Work, the ASC Programme Specifications for Business [015] and Social and Community Work, [016] the Pearson Centre Guides to Quality Assurance and Assessment [017] and External Examination, [018] evidence of internal verification, [049] the Course Handbooks, [065] Internal Verification and Assessment Policy, [088] the Quality Manual, [089] ASC's Academic Regulations, [091] example assignment briefs [094,095,096] and the Annual Quality Monitoring Policy, [131] and explored this Core practice further in a meeting with staff. [M1]

11 To interrogate the robustness and credibility of the College's plans for ensuring threshold standards, the assessment team considered the Provider Submission, [000] the ASC Quality Manual, [089] the ASC Internal Quality Assurance Process, [090] the ASC Academic Regulations, [091] ASC Academic Governance 30 November 2021 [156] and Terms of Reference of Academic Board, [029] and explored this Core practice further in a meeting with staff. [M1]

12 To test that specified threshold standards for courses sampled are consistent with relevant national qualifications' frameworks, the assessment team considered the ASC Revised Additional Evidence Response, [000c] the Pearson programme documentation, [011,012,013,014] and the College's own bespoke Programme Specifications. [015,016]

13 To check that external examiners or verifiers confirm that threshold standards are consistent with national qualifications' frameworks, and that credit and qualifications are awarded only where those threshold standards have been met, the assessment team considered Pearson external examiner reports for 2018-19 to 2020-21. [045-047,093]

14 To identify how other organisations regard threshold standards and award procedures, the assessment team considered the ASC Revised Additional Evidence Response, [000c] the ASC Progression Agreement with Solent University Southampton [019] and Hartpury University, [160] the Pearson Academic Management Review Reports for 2017-2021, [042,044] Management Review report 2020 to 2021, [044] and the Letter of Recognition with Hartpury University. [160]

15 To assess whether assessed student work reflects the relevant threshold standards, and that credit and qualifications are only awarded where threshold standards have been met, the team considered all assessed work from 2020-21 and 2021-22.

16 To assess whether staff understand and apply the College's approach to

maintaining threshold standards, the team met senior and academic staff. [M1]

What the evidence shows

17 The assessment team's analysis of the evidence led to the following observations.

18 The College is a Pearson-approved centre with approval to offer BTEC qualifications, a status which it has held since March 2012. Further to this, it is approved by Pearson to offer specific programmes and individual units, [007-011] including the Pearson BTEC HNC/HND Social and Community Work (which it is not yet delivering), the Pearson BTEC Higher Nationals in Business, and the Pearson BTEC Level 7 Diploma in Strategic Management and Leadership. The Provider Submission [000] emphasises that Pearson, as the awarding organisation, is responsible for setting threshold standards for all of the College's programmes and that the College is in turn responsible for applying and upholding these standards.

19 The College implements its responsibilities for maintaining standards through the design of assessment that is consistent with the approach that Pearson mandates (that is, classifications of pass, merit, distinction for Level 4/Level 5 qualifications; pass/refer for the Level 7 provision). This is supported by programme specifications, including the generic Pearson documents which include all potential units that could be used in a given programme, [011-014] as well as the bespoke specification documents produced by the College. [015, 016, 065] The latter documents include the schedules of units that are available to students to enable them to achieve the awards, including optional or specialist units that students can choose from. The College's programme specifications [015, 016, 065] indicate that 120 Level 4 credits must be completed for the award of an HNC, and a further 120 Level 5 credits for an HND, while the Extended Diploma is awarded upon completion of 120 credits at Level 7. The team found that threshold standards described in course documentation are consistent with the relevant national qualifications' framework and that students are being assessed in line with Pearson's requirements and sector-recognised standards.

20 It was explained to the team at the visit [M1] that currently the programme documents do not include all the optional or specialist units that students can apparently select to study. The team was told that, with the current small cohort sizes, the College is able to operate with some flexibility in respect of options available to students and therefore additional option units may be available from the Pearson specifications [011,012] providing they can be supported in terms of staff availability and expertise. [M1,M2] Staff told the team [M1,M4] that they would discuss options with students on the basis of their career aspirations, interests and identified needs and would agree on the most suitable option modules for individual students; this approach was confirmed by students. [M3] The College recognised that if larger cohort sizes were to be recruited in future, this approach would not be sustainable and students would have to select from a shorter predetermined list of optional units. [M1]

21 The College submitted an example of internal verification of an assignment brief, [049] which demonstrated how staff approach assessment design in a specific unit. The College stated that assignment briefs are designed to be consistent with the Pearson BTEC classifications. [000] The submission also refers to Pearson's assessment checking service, although it was subsequently confirmed [000c] that the College has not used this service and prefers to make use of the specimen briefs that Pearson provides and the College amends and contextualises these. [000c] Three sample assignment briefs were submitted which demonstrate the approach [094-096]. The assignment briefs relate to real-life scenarios, are clearly structured and include the learning outcomes and assessment criteria. The College follows Pearson's guideline documents for both quality assurance and assessment [017] and

external examination. [018] The team's meeting with staff [M1] confirmed that staff understand the College's approach to setting and maintaining standards and how these operate in the context of Pearson's requirements. For example, staff were able to articulate the arrangements for setting assessments, producing schemes of work and lesson plans, internal verification (of assessments and marking processes), arrangements for marking and feedback to students, and the external examining processes. The team found that staff understand and apply the College's approach to maintaining standards and that the standards, as described in the approved programme documentation, are set at levels that are consistent with the relevant sector-recognised standards.

22 The assessment team considered the College's documents relating to regulations and governance. The Quality Manual (dated February 2021) [089] contains various references to documents that are 'attached to this submission', which suggested that the document may have been adapted from one produced for another specific purpose, and includes a number of contextual and explanatory sections. The team found this document to be poorly-structured (for example the introduction is the third section, following sections on the College's profile and mission) and the content ranges across various aspects of provision and contextual information. The section on 'external moderation' contains references to 'external moderators' and 'external examiners' and these apparently different roles are not adequately differentiated or explained. There are also references to processes and staff roles that do not exist in the College.

23 In the initial documentary submission for the assessment, the College did not include an internal policy document related to the internal verification of assessment, but it was stated in the initial Provider Submission [000] that the provider uses its own policies and procedures in relation to standards and quality. In response to a request for further evidence, the Internal Verification and Assessment Policy [088] was provided, which covers 'assessment and verification, standardisation and moderation' and is dated March 2021. This document covers a range of areas relating to the provision of higher education, including student appeals, internal quality audit, and review of quality assurance procedures. It is mentioned that 'standardisation meetings will be held with all members of staff once every term' and that these are minuted, while the following paragraph states that such meetings are held 'twice a term'. The team found the Quality Manual and the Internal Verification and Assessment Policy to be difficult to navigate and considers that they are likely to be of limited value.

24 The team found the College's Academic Regulations [091] to be relatively brief and poorly structured and likely to be of limited usefulness. They currently include very brief mentions of issues that are expanded on in other policy documentation, the structure and ordering is not logical, and there is a lack of appropriate cross-references or links to other policy documents. An Internal Quality Assurance Process [090] was also provided, and this again considers various aspects of the provision, including sampling of student work, staff development, internal verification and assessment boards. Taken together, the team found it difficult to ascertain which documentation was embedded and already used and which had been recently produced and was not operational prior to the commencement of the QSR process. The College confirmed to the team that it uses its regulations and policy documents alongside the regulations and procedures for assessment which are provided by Pearson. [M1] The team was told that the College's own documents are intended to build on the Pearson guidance in the context of the College. [000c,M1] Although the team identified issues with the usefulness, clarity and coherence of some of the College's policy and procedural documentation, their use alongside the Pearson documentation relating to regulation and policy means that there is an adequate framework to support the maintenance of standards.

25 The College has previously relied on the processes required by Pearson (Annual

Management Review) for its annual monitoring process. [000c] In response to a request for additional evidence on the College's internal annual monitoring processes, the College submitted an in-prospect Annual Quality Monitoring Policy. [131] This indicates that an Annual Quality Monitoring report, including commentary on quality and standards issues, will be produced each academic year, and that various sources of data will feed into it (for example external examiner reports, student progression and awards data and student feedback). The document also explains the roles of different boards and committees in the monitoring process, indicating that Academic Board will consider reports and will be responsible for monitoring identified actions, with Executive Management Board considering reports from the perspective of cross-College issues and any actions that would require financial investment. The team considers that the policy provides an adequate framework for the monitoring of the College's higher education provision that there are appropriate arrangements for its oversight by committees.

26 The academic governance structure [026] is headed by the Academic Board, which has three subcommittees (Assessment Board, Programme Committee and Student Representative Committee). The Terms of Reference of committees [029-032] indicate that Academic Board is responsible for the oversight of all academic matters at the College, that it advises the Principal and Board of Directors and may receive and provide advice and guidance to and from Executive Management Board. Its role includes, for example, approving academic policies, discussing and approving annual monitoring reports, and discussing external reports, such as those from external examiners, and agreeing responses. Programme Committee is responsible for the oversight of the operation of courses, including matters relating to academic standards. The Assessment Board is responsible for confirming student marks, progression and awards (using the awarding organisation's regulations), making decisions on extenuating circumstances and considering cases of academic malpractice. The arrangements currently in operation and those planned for the future were confirmed at the visit and the College clarified how committees meet presently and their plans for their future operation, [M1] confirming this in a clarification document showing current and planned academic governance arrangements. [156] It was confirmed that the Academic Board was currently meeting and that the Assessment Board has also been meeting although given current student numbers in a less formal way than it will in the future. [156] The Programme Committee and Student Representative Committee do not currently meet [M1,156] because of the low student numbers, and more informal processes are currently in place for the necessary discussions to take place. The College plans to operate these two committees from September 2022 onwards. The team found that the College's plans for academic governance are credible and feasible and if implemented as intended should support appropriate governance of standards.

27 The review of students' assessed work [S1] revealed that work was assessed in line with the relevant threshold standards. Most of the work was from the Level 7 Diploma, but assessed work from the HNC/HND in Business was also reviewed. The work seen represented a range of marks and quality of work. The assessed work showed that the learning outcomes reflect the appropriate threshold level of the Framework for Higher Education Qualifications (FHEQ) and also evidenced that students were only awarded the appropriate credit when the relevant threshold standards were met. The assessment team concluded that assessed student work demonstrates that credit and qualifications are awarded only where the relevant threshold standards have been met.

28 The College provided external examiners' reports from 2015-21 [045-047,093] relating to both the Level 4/Level 5 HNC/HND, and the Level 7 Extended Diploma. The reports indicate that there have been no concerns in relation to consistency with national qualifications' frameworks, or in terms of credit having been awarded inappropriately. These reports indicate further confidence in the College's procedures, from the point of view of the external examiner, including confidence in the internal verification procedures utilised. The

team therefore found that external examiners confirm that threshold standards are consistent with the relevant national qualifications' framework and that credit and qualifications are awarded only where threshold standards have been met.

29 The College has been subject to Pearson's process of Academic Management Review on three occasions since 2017. [042-044] These reviews are standard procedures carried out by Pearson and, in part, aim to clarify whether or not providers' assessment processes 'ensure valid and reliable assessment outcomes ... follow Pearson regulations and requirements...reflect national standards'. [042] All three reports confirm satisfactory alignment with these expectations and indicate that Pearson is satisfied that standards and procedures are being maintained appropriately in line with its requirements and are consistent with the relevant national qualifications' framework. No further third party endorsements were available [000c] beyond progression agreements with Solent University [019] and Hartpury University, [160] both of which have agreed to consider applications for the subsequent transfer of HNC/D students to study at Level 6. These agreements, while relatively informal in nature, indicate that the institutions concerned have confidence in the qualification to be achieved by the College's diplomates.

Conclusions

30 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

31 From the evidence seen, the assessment 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's regulatory framework. The assessment team also considers that standards described in the approved Pearson programme documentation are set at levels that are consistent with these sector-recognised standards and the College's approach, as evidenced at the visit and based on oral testimony and future plans, and should ensure that standards are maintained appropriately. The assessment 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's regulatory framework.

32 The College is currently delivering higher education programmes to very small cohorts of students, and has done so for several years. The assessment team considers that, based on the evidence presented in the form of the external examiner reports and the Pearson Academic Management Review reports, there have been no significant concerns relating to the maintenance of threshold standards, and that the College has maintained consistency with relevant national frameworks. The College has generally relied on generic Pearson documentation and procedures, and has only recently developed its own policy documentation and plans for internal committees, which have only become necessary as it looks to increase student numbers.

33 The assessment team considers that the perceived requirement to produce and present policy and procedural documentation for the QSR, in readiness for the development of the College and growth in student numbers, may have inadvertently encouraged the College to develop policy and procedure documents that would have benefited from further input, revision and consolidation. Although the team identified issues with the usefulness, clarity and coherence of some of the College's policy and procedural documentation, in

conjunction with the College's use of Pearson regulations and guidance, the team considers that their use alongside the Pearson documentation relating to regulation and policy means that there is an adequate framework for maintaining standards. There are credible and feasible plans for academic governance which take account of the planned growth in student numbers.

34 During the visit staff of the College were able to relate how they ensure the maintenance of standards currently when working with Pearson. The assessment team was therefore assured that the staff understand their roles in this regard. The Core practice is therefore met.

35 However, because of the issues identified regarding some of the policy and procedural documentation, and the need for the team to rely on oral testimony for its understanding of some aspects of this Core practice, the assessment team has a moderate degree of 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

36 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.

37 The QAA assessment 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

38 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Anglo Skills College QAA QSR Provider Submission 28 September 2021 [000]
- b ASC Revised Additional Evidence Response [000c]
- c Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership [011]
- d Pearson BTEC Higher National Business first teaching September 2016 [012]
- e Pearson BTEC Higher Nationals Business first teaching September 2021 [013]
- f Pearson BTEC Higher Nationals Social and Community Work first teaching September 2018 [014]
- g ASC Programme Specification for HN Business [015]
- h ASC Programme Specification for HN Social and Community Work [016]
- i Academic Governance Arrangements [026]
- j Terms of Reference and Constitution of Academic Board, [029] Programme Committee, [030] Assessment Board, [031] Student Representative Committee, [032] Pearson External Examiner Report September 2021 [047]
- k Assignment Brief for HNC Level 4 Unit 4 Management and Operations [048]
- l Example of Written Feedback on Unit 4 Student Marked and Assessed Work [050]
- m ASC Internal Verification and Assessment Policy [088]
- n ASC Quality Manual [089]
- o ASC Internal Quality Assurance Process [090]
- p ASC Academic Regulations [091]
- q ASC Learning and Teaching Enhancement Strategy 2021-24 [092]
- r ASC All HNCD Business External Examiner Reports 2015-21 [093]
- s ASC Academic Governance 30 November 2021 [156]
- t Assessed student work [S1]
- u A meeting with staff of the provider regarding standards and assessments [M1] and a meeting with current students. [M3]

How any samples of evidence were constructed

39 Given the provider's current situation, no sampling was necessary. The team was able to look at all assessed work from 2020-21 and 2021-22 for the HNC/HND in Business and the Level 7 Diploma in Strategic Management and Leadership (a total of 18 items of assessed work) in order to assess that marks and awards given to students are reasonably comparable with those achieved in other higher education providers.

40 The team was also able to consider all external examiner reports for the HNC/D Business and the Level 7 Diploma 2018-21 to check whether examiners confirm that standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers and that credit and qualifications are awarded only where those standards have been met.

41 Course documentation for all programmes was considered in order to assess whether standards beyond the threshold for those courses are reasonably comparable with those achieved in other UK providers.

Why and how the team considered this evidence

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

43 To identify the institutional 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, the assessment team considered the Anglo Skills College QAA QSR Provider Submission 28 September 2021, [000] the Pearson specifications for the Level 7 Diploma in Strategic Management and Leadership, [011] the HNC/D Business, [012, 13] the HNC/D Social and Community Work, [014] ASC Programme Specifications for HNC/D Business, [015] HNC/D Social and Community Work, [016] the Assignment Brief for HNC Level 4 Unit 4 Management and Operations, [048] the Example of Written Feedback on Unit 4 Student Marked and Assessed Work, [050] and explored this Core practice further in a meeting with staff. [M1]

44 To interrogate the robustness of the provider's plans for setting and maintaining comparable standards and to ensure that plans are credible and evidence-based, the assessment team considered the ASC Revised Additional Evidence Response, [000c] the Internal Verification and Assessment Policy, [088] the Quality Manual, [089] the Internal Quality Assurance Process, [090] the Academic Regulations, [091] the ASC Learning and Teaching Enhancement Strategy, [092] details of Academic Governance, [156] and explored this Core practice further in a meeting with staff. [M1]

45 To test that specified standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers, the assessment team considered the Provider Submission, [000] the Pearson specifications for the Level 7 Diploma, [011] HNC/D Business, [012,013] HNC/D Social and Community Work, [014] ASC's Programme Specifications for HNC/D Business, [015] HNC/D Social and Community Work, [016] and reviewed samples of assessed student work. [S1]

46 To test that marks and awards given to students are reasonably comparable with

those achieved in other UK providers, the assessment team reviewed a sample of assessed student work. [S1]

47 To check that external examiners confirm that standards beyond the threshold for courses sampled 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 assessment team considered the Pearson external examiner reports. [045,046,047,093]

48 To assess whether students understand what is required of them to reach standards beyond the threshold, the assessment team met three students. [M3]

49 To test that staff understand and apply the provider's approach to setting and maintaining comparable standards, the assessment team met staff involved in assessment. [M1]

What the evidence shows

50 The assessment team's analysis of the evidence led to the following observations.

51 The Provider Submission [000] states that unit learning outcomes are graded as pass/merit/distinction for the HNC/HND and pass/refer for the Level 7 Diploma. This is consistent with Pearson's guidelines, and is further set out in the generic programme specifications [011-014] and the College's bespoke programme specifications. [015, 016] The College articulates the grading criteria in assessment briefs [048,S1] and clarifies that those students who do not meet the criteria for a pass are 'referred', that is given the opportunity to resubmit the assignment in question. [000] This is consistent with Pearson's requirements, as set out in their programme specifications [011-014] and reflected also in the College's bespoke equivalents; [015, 016] such resubmissions are available on one occasion only for a given assignment and are capped at a pass.

52 The assessment team considered documentation relating to the management of aspects of quality assurance including the Internal Verification and Assessment Policy, [088] the Quality Manual, [089] the Internal Quality Assurance Process [090] and the Academic Regulations. [091] Evident within these documents is recognition that the College has systems in place (or plans to put systems in place) that should help to ensure the maintenance of standards. This is because there is recognition of the need for systems of internal verification, moderation and standardisation, in line with the Pearson guidelines. [000c] However, the documentation and reporting of these processes is opaque: the documentation is wide-ranging, even when the apparent title of the document is to a fairly specific process such as internal verification, [088] and the relationship of the different documents to each other is not clear. As noted in paragraph 24 in Core practice S1, the team had some concerns about the usefulness, clarity and coherence of some of the documentation, particularly the Quality Manual and the Academic Regulations. In addition to these documents, the Learning and Teaching Enhancement Strategy 2021-24, for example, adds little to other documents and is not a strategic policy document, as commonly understood. This is because it does not set out any meaningful objectives over the given time period, other than achieving a student satisfaction rate of at least 85%. [000c] Notwithstanding the identified issues with some of the College's documents, the team found that their use alongside the Pearson documentation relating to regulation and policy means that there is an adequate framework to support the maintenance of comparable standards.

53 In terms of academic governance arrangements, [026] the low student numbers currently are such that not all formal committees are currently operating. [M1,156] The academic governance structure consists of the Academic Board which has three subcommittees (Assessment Board, Programme Committee and Student Representative Committee). The current arrangements are that the Academic Board and Assessment Board

are operational but the Programme Committee and Student Representative Committee will operate from September 2022. As noted in paragraph 26, the team explored the current and planned governance arrangements with the College [M1,156] and considered the Terms of Reference of each of these committees. [029-032] The team found that the College's current approach to the setting and maintenance of comparable standards is reasonable in the current context, and that its plans to formalise academic governance arrangements to support the College's development and increase in student numbers are credible.

54 The assessment team initially considered one external examiner report from the current academic year which relates to the Level 4/Level 5 HNC/HND in Business programme. [047] This report states that 'feedback is related to each learning outcome and is detailed, comprehensive and generally developmental'; however, the examiner also states, 'the IV should ensure more summative/developmental comments are given to aid future student higher graded effort'. Three further external examiner reports [093] indicate that there are very small class sizes (and consequently 100% sampling of student work and internal verification activity has been undertaken), and also provide evidence that formative feedback has been provided to and acted upon by students across different academic years. The reports further refer to the Principal having undertaken various Pearson training courses, including courses relating to internal verification. This suggests that the College has sought to ensure that its processes are fit for purpose and meet the requirements of the awarding organisation. The external examiner's 2021 report for the Level 7 Diploma comments that appropriate systems are operated for assessment and that fair and consistent assessment decisions are made. It recommends that feedback should provide more guidance on improvements and enhancements [045] and should provide more qualitative detail in order to enable students to develop their academic writing at Level 7. [046] Taken as a whole, the assessment team found that the reports indicate that the College's operations are consistent with the awarding organisation's requirements, thereby ensuring 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.

55 The initial documentary submission included a sample assignment brief, [048] which includes the learning outcomes and assessment criteria, and demonstrates what students must do in order to achieve standards beyond the threshold level. This is supported by an example of written feedback, [050] which includes comments annotated within the piece of work and are developmental in part. The review of assessed student work from 2020-21 and 2021-22 [S1] demonstrated that marks and awards given to students are reasonably comparable with those achieved in other UK providers. In designing assessments, the College uses the generic assignments provided by the awarding organisation, with some adaptation. These assignment briefs indicate how the learning outcomes are each being assessed, with associated assessment criteria for each of the levels. It is evident in the sample of student work that was reviewed, that the College is clearly awarding marks beyond the threshold (that is, merit/distinction on the HNC/HND in Business) only when work of appropriate quality has been completed by the student. Students receive feedback in the form of annotated comments in the margin of the submission, as well as of a summary nature. Students also confirmed to the team [M3] that in addition to written feedback they receive one-to-one verbal feedback via a tutorial or a media call with the tutor, and that they consider that they are given feedback that enables them to understand what is required to gain higher grades. The assessment team concluded that these mechanisms, taken together, enable students to see where they have achieved credit and how they may improve.

56 During a meeting with staff at the visit, [M1] the assessment team questioned those present regarding how they understand and apply the College's approach to setting and maintaining comparable standards. Staff were able to articulate their understanding of

relevant processes, including how those in management positions carry out induction activities relating to standards when a new member of staff joins the College, and associated procedures for the design of assignments. In addition, teaching staff related the training that they had received from the Principal, and how they then went on to design assessment briefs. The role of internal verification was also considered during the meeting and staff were able to articulate their understanding of the role and importance of such processes. This was further evidenced by documentation that was examined by the assessment team as part of the review of assessed student work. [S1] The team found that staff understand and apply the College's approach to maintaining standards.

57 The assessment team also met students at the visit [M3] and explored with them their understanding of how they can reach standards beyond the threshold. At this meeting, two of the three attendees were on the Level 7 Diploma, while the third attendee was on the HNC/HND in Business. Those present were able to articulate what is required to reach standards beyond the threshold, and outlined to the assessment team their understanding of how they would go about improving their assessed work. Students are aware of the assessment criteria that are used and how to utilise the feedback they receive from staff, including the feedback on formative drafts which Pearson, as the awarding organisation, mandates the College to deliver. Students expressed confidence in their ability to contact staff with any questions relating to assessments, which is facilitated readily by the very small class sizes evident at the College. The team found that students understand what is required to reach standards beyond the threshold.

Conclusions

58 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

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

60 Although the team had some concerns about the usefulness of some of the College's documentation, it was reassured through oral testimony that the College's current approach to the setting and maintenance of standards is appropriate. This is because of the low student numbers that the College has enrolled to date and the relatively small number of staff consequently involved in the delivery of teaching and learning, and assessment and verification; this has lessened the need for formal structures and policies in addition to those of the awarding organisation. The College also has credible plans for modification to its academic governance arrangements should increases in student numbers result. Furthermore, it was apparent that staff understand and adhere to the policies and procedures laid down by Pearson and that students understand what is required to reach standards beyond the threshold. Therefore, the assessment 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.

61 As the team's understanding in relation to this Core practice relies partly on oral testimony and given some reservations about the quality of some of the internal documentation, the assessment team has a moderate degree of 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

62 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.

63 The QAA assessment 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

64 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a The Responsibilities Checklist for Providers with Pearson Education Ltd provision [000b]
- b Anglo Skills College QAA QSR Provider Submission [000a]
- c Edexcel Centre Approval Certificate to Offer BTEC Qualifications March 2012 [007]
- d Edexcel Online Approval Awards [008]
- e Pearson approval letter to deliver the Pearson BTEC HNC HND Social and Community Work [009]
- f Pearson letter of approval to deliver the HN Business First Teaching September 2021 [010]
- g Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership [011]
- h Pearson BTEC Higher National Business first teaching September 2016 [012]
- i Pearson BTEC Higher Nationals Business first teaching September 2021 [013]
- j Pearson BTEC Higher Nationals Social and Community Work first teaching September 2018 [014]
- k ASC Programme Specification for HN Business [015]
- l ASC Programme Specification for HN Social and Community Work [016]
- m Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020 2021 [017]
- n Pearson BTEC Higher Nationals Centre Guide to External Examination 2020-2021 [018]
- o Pearson External Examiner Report May 2019 [045]
- p Pearson Academic Management Review Reports, 2017, 2018, 2020 [042-044]
- q Pearson External Examiner Report July 2020 [046]
- r Pearson External Examiner Report September 2021 [047]
- s ASC Revised Additional Evidence Response [000c]
- t ASC Internal Verification and Assessment Policy [088]

u	ASC Quality Manual [089]
v	ASC Internal Quality Assurance Process [090]
w	ASC Academic Regulations [091]
x	ASC Learning and Teaching Enhancement Strategy 2021 [092]
y	HNC/D Business External Examiner Reports 2015-2021 [093]
z	ASC Pearson Action Plan 2021-22 [110]
aa	ASC Staff Training Plan [099]
bb	Placement Policy [124]
cc	Academic Board minutes November 2021 [136]
dd	Annual Quality Monitoring Policy and 132 report template [131]
ee	Assessed student work [S1]
ff	Meeting with staff [M1]
gg	Meeting with students. [M3]

How any samples of evidence were constructed

65 No sampling was required for this Core practice as the assessment team was able to scrutinise external examiner reports for all programmes in order to assess whether examiners consider that standards are credible and secure and thus confirm the effectiveness of the underpinning arrangements.

Why and how the team considered this evidence

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

67 To identify how the provider ensures the standards of its awards are credible and secure where these are delivered by partners, the assessment team considered the Responsibilities Checklist for Providers with Pearson; [000b] the Provider Submission; [000a] Pearson Centre Approval documents; [007-010] Pearson programme specifications for Level 7 Diploma; [011] HNC/D Business 2016; [012] HND/D Business 2021; [013] HNC/D Social and Community Work; [014] College programme specifications for HNC/D Business; [015] HNC/D Social and Community Work; [016] Pearson centre guides to Quality Assurance and Assessment; [017] External Examination; [018] ASC ISI Report; [001] ASC Revised Additional Evidence Response; [000c] Internal Verification and Assessment Policy; [088] Quality Manual; [089] Internal Quality Assurance Process; [090] Academic Regulations; [091] Learning and Teaching Enhancement Strategy 2021-2024; [092] Staff Training Plan; [099] Meeting 1 with senior and academic staff [M1] and Meeting 3 with students. [M3]

68 To test whether external examiners consider that standards are credible and secure, thus confirming the effectiveness of the underpinning arrangements, the assessment team reviewed external examiners reports: Pearson External Examiner Report May 2019; [045] Pearson External Examiner Report July 2020; [046] Pearson External Examiner Report September 2021; [047] Pearson BTEC Higher Nationals Centre Guide to External Examination 2020-21; [018] ASC Revised Additional Evidence Response; [000c] HNCD Business External Examiner Reports 2015-21; [093] and ASC Pearson Action Plan 2021-22. [110]

69 To assess whether the provider has credible, robust and evidence-based plans for securing standards in partnership work, the assessment team considered Anglo Skills College QAA QSR Provider Submission; [000] Pearson Academic Management Review Reports, 2017, 2018, 2020; [042-044] ASC Revised Additional Evidence Response; [000c] ASC Internal Verification and Assessment Policy; [088] ASC Quality Manual; [089] ASC Internal Quality Assurance Process; [090] HNC/D Business External Examiner Reports 2015-21; [093] and Academic Board minutes. [136]

70 To interrogate the basis for the maintenance of academic standards within the partnership with Pearson, and that those arrangements are in line with the provider's regulations or policies, the assessment team considered Anglo Skills College QAA QSR Provider Submission 28 September 2021; [000] Pearson Academic Management Review Reports, 2017, 2018, 2020; [042-044] and ASC Pearson Action Plan 2021-22. [110] To assess whether the provider has credible, robust, and evidence-based plans for securing standards in partnership with placement providers, the assessment team considered the Policy [131] and template [132] for internal quality monitoring.

71 To test that standards of awards are credible and secure, thus confirming the effectiveness of the underpinning arrangements, the assessment team reviewed assessed student work [S1] and external examiners' reports. [045-047 & 093]

72 To test that staff understand and discharge effectively their responsibilities to the awarding organisation and how this is implemented and monitored in practice, the team met with staff. [M1]

What the evidence shows

73 The assessment team's analysis of the evidence led to the following observations.

74 The College works with Pearson to deliver courses leading to Higher National Certificates and Diplomas. [011-016 007, 008] The Responsibilities Checklist for Providers with Pearson Education Ltd [000b] sets out areas of responsibility of the provider and of Pearson. Pearson is responsible for setting threshold standards for all programmes while the College is responsible for upholding the standards as described. The Pearson Guide to Quality Assurance and Assessment [017] expands on Pearson's expectations of its providers in respect of standards and quality. This includes stressing the requirement to ensure that assessment is fair and consistent, as defined by the requirements for national standards, and that these standards are consistent over time. The College's implementation of Pearson's expectations is monitored by Pearson through annual monitoring visits and the external examiners. The College has also put in place its own process for annual monitoring, [131-2] which has not yet operated. This indicates that Annual Quality Monitoring reports will be produced, including commentary on quality and standards issues, including student feedback, assessment, teaching and learning, responses to external reports and an action plan. The Academic Board will consider the reports and monitor identified actions. [131]

75 Although the College follows the guidelines for quality assurance provided by Pearson, [017] it has developed its own internal processes including the internal verification process, [088] the Quality Manual, [089] Internal Quality Assurance Process [090] and Academic Regulations. [091] These documents outline in detail the quality assurance model employed by the College. As described in paragraph 24 of this report, the assessment team had some concerns about the usefulness, clarity and coherence of some of the College's policy and procedural documentation; however, the team considers that the use of these documents in conjunction with the guidance provided by Pearson provides an adequate basis for ensuring the security and credibility of awards delivered by the College.

76 Partnership agreements with Pearson [007-010] are up-to-date and cover the

approval of the programmes the College currently offers. These are supplemented by guidance documentation produced by Pearson to enable providers to understand expectations for quality and standards. [017] The annual Pearson Academic Management Review Reports [042-044] have been positive, indicating that the College complies with Pearson's requirements for quality and standards and that all quality objectives have been met. There have been no essential actions, but some recommendations have been made. The team was told that the College has not previously provided formal responses to issues raised in Academic Management Review (AMR), and external examiner reports [M1] were brought to Academic Board and actions followed up by Pearson at the next visit. The College provided the team with an action plan [110] which it explained [000c] has been introduced to record and address any essential actions and recommendations identified by Pearson in the AMR reports and the external examiners' reports. The Academic Manager and Principal are responsible for ensuring that actions identified by external examiners are addressed in an effective and timely manner to ensure that at the next Pearson visit essential actions and recommendations have been addressed and will be signed off in the subsequent reports. The team was told that the action plan will be considered at meetings of both Academic Board and Executive Management Board. [M1] Minutes of the November 2021 Academic Board [133] demonstrate that the action plan was discussed and that the meeting received an update on progress in implementing actions, highlighting whether identified actions have been met and which require further work. The team found that the College has credible plans for securing standards in partnership with Pearson.

77 External examiner reports [045-047] indicate that examiners regard assessment decisions as fair, consistent, and justified and that standards are therefore credible and secure. Comments include, for example, 'Assessment records are well documented with accurate programme, unit and administrative details and the external examiner reviews all student papers, given the small numbers, providing an additional robustness to the process. Assignment designs and assessor decisions are thoroughly checked through the centre internal verification system before usage'. Some recommendations were made in the report for the Level 7 Diploma in 2019 [045] regarding 'provision of more developmental guidance on improvements and enhancements for students to improve future assessment activity, especially as no grades are available in the provision'. The team noted that in the 2021 reports [046,047] a related recommendation was made as the external noted 'The centre is to encourage assessors to provide more qualitative feedback and guidance, so as to encourage students to include more evidence of a Level 7 academic style/approach in the output material'. The College's action plan [110] includes an action in response to the examiner's comments, indicating that staff had been given additional guidance on this issue.

78 Senior and academic staff [M1] were able to explain the respective roles of the College and Pearson in ensuring credible and secure standards and were able to explain the internal processes by which they maintain standards, for example through the processes of assessment design, marking criteria and processes for marking and internal verification. The team found that staff understand their respective responsibilities for academic standards.

79 The programme specification for the HNC/D Social and Community Work programme, [014] which the College aims to deliver from September 2022, states an expectation that students will undertake compulsory and assessed placements that should equate to 220 hours of work experience. The specification further states that students are expected to be allocated a placement supervisor who will monitor and contribute to the continuous assessment of their progress during their placement in each setting; and that students will also be assessed during their practice on placement by a tutor/assessor from the College delivering the programme. Following the desk-based analysis stage of the assessment process, the team requested further information on how arrangements with placement providers would be managed, including any guidance documentation and agreement templates. In response to this request the College provided its Placement Policy,

[124] although this policy is generic and not specific to the Social and Community Work programme and does not cover, for example, the expectations relating to the role of the placement supervisor or arrangements for assessment of the placement. The College's written response to the request for further documentation on how placements would be managed [000c] stated that further documentation would be developed to be ready for the start of the Social and Community Work course.

80 The assessment team found that the proposed partnership agreements with placement providers have not yet been fully developed, as currently the provider does not provide a placement and therefore no supporting documentation on how the Placement Policy [124] would be implemented was available. Senior staff [M1] indicated they have existing relationships with local NHS Trusts and that they understood the amount of work involved in securing and quality assuring any placement sites. They indicated that, if successful in the application for OfS registration, they would begin the process of preparing the appropriate policy documents, training manuals and other documentation to support both students and placement staff. Documented staffing plans indicate that in addition to a programme leader and teaching staff, a placement coordinator will also be appointed. [091] Staff demonstrated a good understanding of the challenges of delivering the programme and managing the arrangements for meeting the work experience requirements. This understanding, and the commitment to recruit to a post to support this area, gave the team confidence that the College understands the further work it needs to do in order to ensure that placement provision is sufficiently robust and carefully managed.

Conclusions

81 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

82 The team concludes that where the provider is working in partnership with Pearson it has credible plans to secure academic standards and that College staff understand well the responsibilities applicable to themselves and Pearson. The team was satisfied that partnership agreements are in place, cover the necessary approvals, and are up to date. The College is planning to deliver a programme that includes a compulsory assessed placement and although it has produced a placement policy it has not yet developed associated documentation to support this. However, the College's staffing plans indicate a commitment to recruiting an additional staff member whose responsibilities will include management of the relationships with placement providers. The team also noted that the College's plans for its own internal annual monitoring and action planning, while appropriate, are newly produced and therefore not yet tested. Despite the team having some reservations about the usefulness, clarity and coherence of some of the College's policy and procedural documentation, overall their use alongside Pearson documentation on regulation and policy provides an adequate framework to ensure that awards delivered in partnership with Pearson will be credible and secure. Pearson AMR reports confirm satisfaction with the College's implementation of its requirements and policies, and external examiner reports confirm that the standards of awards delivered in partnership are credible and secure. The assessment team concludes, therefore, that the Core practice is met.

83 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix. As fully documented arrangements for placement provision were not yet available, and the College's annual monitoring procedures are as yet untested, there was

a consequent reliance on oral testimony to support the team's understanding of plans in this area, therefore the team has moderate confidence in its judgement.

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

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

85 The QAA assessment 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

86 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Edexcel Approval Certificate [007]
- b Edexcel Online Approval Awards [008]
- c Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21 [017]
- d BTEC Centre Guide to External Examination [018]
- e Pearson Academic Management Reviews from 2017-2021 [042-044]
- f Assessment Board terms of Reference [091]
- g Quality Manual [089]
- h Assignment Brief for HNC Level 4 Unit 4 Management and Operations [048]
- i ASC Course Handbook HNC HND Business [064]
- j ASC Course Handbook Extended Diploma in Strategic Management and Leadership [065]
- k ASC Level 7 SM&L Unit 2 Assignment Brief [094]
- l ASC Level 7 SM&L Unit 3 Assignment Brief [095]
- m ASC Level 7 SM&L Unit 4 Assignment Brief [096]
- n Assessment Board minutes [052]
- o External examiner reports [045-047, 093]
- p Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership [011]
- q Pearson BTEC Higher National Business first teaching September 2016 [012]
- r Pearson BTEC Higher Nationals Business first teaching September 2021 [013]
- s ASC Programme Specification for HN Business [015]
- t Course Handbook HNC HND Business [064]
- u Course Handbook Extended Diploma in Strategic Management and Leadership [065]
- v Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020 2021 [017]
- w Pearson BTEC Higher Nationals Centre Guide to External Examination 2020-2021 [018]
- x ASC Pearson BTEC Action Plan [110]
- y Academic Board Terms of Reference [029]
- z Minutes from Academic Board [037]

aa Meeting with senior and academic staff. [M1]

How any samples of evidence were constructed

87 No sampling was necessary for this Core practice as the assessment team considered external examiner reports covering all courses from 2015 to 2021 to interrogate the use of external examiners and check that the College considers and responds appropriately to external examiners regarding standards.

Why and how the team considered this evidence

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

89 To assess how the College's assessment and classification processes operate, the team reviewed the academic regulations and policies describing requirements for involvement of external expertise including the Edexcel Approval Certificate; [007] Edexcel Online Approval Awards; [008] The Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21; [017] BTEC Centre Guide to External Examination 2021-2021; [018] the Pearson Academic Management Reviews from 2017-2021, [042], [043], [044] Assessment Board terms of Reference; [091] and the Quality Manual [089] in order to identify how external experts will be used to maintain standards; and the College's Assignment Brief for HNC Level 4 Unit 4 Management and Operations; [048] ASC Course Handbook HNC HND Business; [064] ASC Course Handbook Diploma in Strategic Management and Leadership; [065] ASC Level 7 SM&L Unit 2 Assignment Brief; [094] ASC Level 7 SM&L Unit 3 Assignment Brief; [095] and ASC Level 7 SM&L Unit 4 Assignment Brief. [096]

90 To assess the College's use of external expertise in maintaining academic standards, the assessment team scrutinised the Assessment Board Terms of Reference, [091] the Assessment Board minutes, [052] and the external examiner reports. [045-047, 093]

91 To assess the reliability, fairness and transparency of assessment and classification processes, the assessment team considered Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership, [011] Pearson BTEC Higher National Business first teaching September 2016, [012] Pearson BTEC Higher Nationals Business first teaching September 2021, [013] ASC Programme Specification for HN Business, [015] Course Handbook HNC HND Business, [064] and Course Handbook Extended Diploma in Strategic Management and Leadership. [065]

92 To interrogate the use of external examiners and that the College considers and responds to externals' reports regarding standards appropriately; and to identify externals' views about reliability, fairness and transparency of assessment and classification processes, the assessment team considered the Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020 2021, [017] Pearson BTEC Higher Nationals Centre Guide to External Examination 2020 2021, [018] external examiner reports [045-047,093] and the ASC Pearson BTEC Action Plan, the College's Assessment Board Terms of Reference and Constitution, [031] the Academic Board Terms of Reference, [029] and two sets of minutes from Academic Board. [037]

93 To check staff understanding of assessment and classification processes, the team met senior and academic staff [M1] to check their understanding of the requirement to use external expertise.

94 To identify how students regard the reliability, fairness and transparency of assessment and classification processes, the team met students [M3] and considered the Student Submission video. [087]

What the evidence shows

95 The assessment team's analysis of the evidence led to the following observations.

96 The Edexcel Centre Approval Certificate to Offer BTEC Qualifications March 2012 [007] indicates that the College was approved in 2012 to deliver BTEC qualifications which are detailed in further documentation showing the awards the College is approved to deliver. [008] The Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21 [017] outlines the quality assurance process for Pearson programmes and indicates that the overall responsibility for the assessment and classification of awards lies with Pearson. Pearson's Assessment Regulations are clear and in line with sector expectations for the utilisation of external examiners. The Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21 [017] contains a section relating to external examiners and includes a clear process on how Pearson checks that centres are operating appropriate quality assurance and maintaining national standards for their programmes. The BTEC Centre Guide to External Examination [018] indicates that Pearson allocates an external examiner who is a subject expert and who conducts sampling of assessments and students' assessed work. The guide sets out what and who the external examiner will see, including a range of staff and students and internally verified work and minutes of Assessment Boards.

97 The College's assessment practices are aligned to the Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment, [017] which provides explicit guidance to the College on Pearson expectations relating to the design, delivery and grading of assessments. Assignment briefs [048, 094,095,096,048,129] and the course handbooks [064,065] indicate that the assessment and classification processes are clearly described, fair and transparent. The assessment team found that the College's assignment briefs are clear and developed using resources made available by Pearson. Assignment briefs provide the students with clear details on what they need to do to achieve a Pass, Merit, and a Distinction. Pearson provides specimen briefs which are used for staff guidance and ensures the assignment brief is appropriate before submission to students. The assessment team found that the examples of assessed student work, [S1] and the assignment briefs provided within this, clearly demonstrate the type of assessment methods for each unit, the weightings for each assessment and guidance to students on how to achieve beyond a pass grade.

98 Approved course documentation for the programmes [011,012,013] clearly shows the assessment and classification processes for the courses currently delivered at the College. The course handbooks [064,065] and documentation on the virtual learning environment (VLE) are equally clear regarding assessment. The team concluded that approved course documentation is reliable, fair and transparent with regard to assessment and classification processes for the courses currently delivered.

99 The College uses external examiners in line with Pearson policy. The Pearson guidance on quality [017] and external examining [018] have robust and credible processes for the use of external examiners embedded within them. The College's Assessment Board's Terms of Reference [031] indicate that it will receive reports from the external examiners and ensure that actions are updated as appropriate. The external examiner is not specifically

named as a member of the Assessment Board, but the Constitution includes 'a representative of the awarding organisation where applicable'. Pearson guidance on external examiners [018] states that examiners 'have the right to attend assessment boards' and 'may attend assessment boards but...providers cannot insist on their attendance'. Academic Board minutes from September 2020 [037] noted the Pearson external examiner visit had taken place and that a positive report was the outcome. The minutes of the Assessment Board in September 2021 [052] indicate that no external examiner or other representative from Pearson was present; however, external examiner reports indicate that all the current student work had been scrutinised by the examiners. [045-093]

100 The College was not able to provide the team with written responses to the external examiners as the team was told that prior to 2021 these had been dealt with by the Principal by email correspondence with Pearson. [000c] A process for action planning in response to external feedback from Pearson has now been established and the College produced for the first time in 2021 a Pearson BTEC Action Plan, [110] which draws together actions from the Pearson Annual Monitoring Reviews and the external examiners' reports and tabulates them into an action plan with a clear timeline and responsibility. The intention is that this plan will be considered at meetings of the Academic Board and the Executive Management Board in the future, and the team found that the most recent Academic Board minutes [136] from November 2021 demonstrate that the action plan and progress in implementing it was discussed at that meeting.

101 The assessment team considers that through the implementation of the partnership with Pearson and the scrutiny of its external examiners, the College has regulations, policies and plans for using external expertise in maintaining academic standards and plans for assessment and classification processes that are credible, robust and evidence based. The College has no plans, however, to introduce further external input into its processes, The senior staff explained that an external moderator role referred to in the Quality Manual [089] is an in-prospect role and there are no firm plans to recruit to this role in the near future. The College does not utilise external expertise in course approval and there is currently no external input into academic governance committees. The staff were clear [M1] that they had no plans to use other external input into College processes at present, and felt that the current arrangements were adequate for the College's present situation. The in-prospect moderator role indicates that the College recognises the potential to have an additional external view and input into its quality processes as it further develops its operations. However, the team concluded that beyond the engagement with the Pearson external examiners the College does not currently have credible plans for the use of external expertise in setting and maintaining standards.

102 Pearson external examiner reports [045-047,093] demonstrate that the College is operating as required by Pearson. They indicate that the programme team has scheduled meetings which, the external comments, take place in full compliance with Pearson requirements. External examiners noted that assessment decisions were fair, consistent, and justified. The team found that assessment records were well documented with accurate programme, unit and administrative details and assignment designs, and assessor decisions were thoroughly checked through the centre internal verification system before usage. External examiners' reports are not currently shared with students due to data protection issues as the College receives the external examiner reports as PDF documents which include comments on named individual students. [M1] The Pearson Academic Management Review Reports from 2017-2021[042-044] also confirm that assessment methodology, assessment tools and the assessment process in place lead to credible and secure outcomes and reflect the required national standards for the qualification. The team found that external examiners confirm the use of external expertise and that the College gives that expertise due consideration.

103 College staff understand their role in assessment processes and were able to articulate the role of external examiners [M1] in maintaining academic standards. The staff explained [M1] that all processes relating to assessed work are internally verified and that the external examiner considers the assessment and grading of student work. In order to support fair outcomes, academic misconduct is mentioned at induction along with the policies and procedures to support this. The importance of being honest, ethical and professional is emphasised to students. Staff explained that they had such small numbers of students that they were able to detect plagiarism as they knew each student's style of writing. When numbers increase, the staff stated that they intend to use a plagiarism-detection software package.

104 Students [M3] were clear about assessment briefs and what is required of them in respect of assessment. They confirmed that assessment criteria are clearly set out and made available to them through course documentation, the VLE and briefings in class; and that they regard assessment as reliable, fair and transparent. They are aware of how to improve their work to achieve a better grade and were satisfied that the marking of assessments is fair. Students expressed a limited understanding of the role of the external examiner but were aware that the role exists. They also told the assessment team that they receive supportive feedback from their tutors who respond quickly to requests for individual meetings with them. Based on the evidence, the assessment team considers that the assessment and classification processes are reliable, fair and transparent.

Conclusions

105 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

106 The assessment team concludes that the College uses external expertise, assessment and classification processes that are reliable, fair and transparent. This is because the College utilises the procedures of Pearson to deliver its qualifications, supplementing these with its own documentation, for example for internal verification. The appropriate application of Pearson expectations is verified by external examiner reports, which confirm that the assessment process measures student achievement rigorously and fairly in line with Pearson policies and regulations. The College has not previously had a process for responding to external examiners' reports; however, it has established a process for drawing up an action plan in response to Pearson annual monitoring and external examiners' reports, which should enable the College to evaluate examiners' comments in a more formal way and track its responses to issues raised. Staff understand the requirements for the use of external expertise for Pearson courses and students appreciate the reliability, transparency and fairness of assessment and classification processes.

107 Students confirmed that the assessment criteria are clearly set out and are accessible to them, and that they regard assessment as reliable, fair and transparent. Beyond an in-prospect but not defined plan to utilise an external moderator to provide the College with an additional external perspective, the College has no current plans for using external expertise to further develop policies and procedures or to utilise external expertise in other areas of its work, for example in programme approval. Therefore, the assessment team concludes, based on the evidence described above, that the College uses external expertise, assessment and classification processes that are reliable, fair and transparent and this Core practice is met.

108 The evidence underpinning this judgement reflects most of the evidence described in the QSR evidence matrix. However, given the absence of credible plans to engage external expertise beyond the existing arrangements with Pearson, and as the process of formally responding to issues raised in external examiners' reports is recently established and untested, the assessment team has a moderate degree of confidence in this judgement.

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

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

110 The QAA assessment 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

111 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership [011]
- b Pearson BTEC Higher National Business first teaching 2016 [012]
- c Pearson BTEC Higher National Business first teaching 2021 [013]
- d Pearson BTEC Higher National Social and Community work first teaching 2018 [014]
- e ASC Programme Specification for HN Business [015]
- f ASC Programme Specification for HN Social and Community Work [016]
- g ASC Course Handbook Extended Diploma in Strategic Management and Leadership [065]
- h Pearson Academic Management Review Reports [042, 043, 044]
- i Access and Participation Plan [002]
- j Admissions and Enrolment Procedures [056]
- k Checking for Criminal Records [057]
- l Admissions Policy [058]
- m Offer of a Place Form [059]
- n Rejection of a Place form [060]
- o Interview Guidance and Interview Form [061]
- p Admissions checklist [120]
- q Equality and Diversity Policy [055]
- r Provider Submission [000]
- s Business Development Plan [005]
- t Academic governance plans [026]
- u Current academic governance arrangements [156]
- v Academic Board Terms of Reference [029]
- w Terms of Reference for the Programme Committee [030]
- x College Prospectus [004]
- y Recognition of Prior Learning form [069] and policy [070]
- z Student Terms and Conditions [066]
- aa University progression agreements [019,160]
- bb Referral agent contract template [154]
- cc Student Submission [087]

- dd Meeting with students [M3]
- ee Meetings with senior and academic and professional staff [M2] [M6]
- ff Admissions records. [S2]

How any samples of evidence were constructed

112 No sampling was required for this Core practice, as the team was able to view admissions records for all five students enrolled in 2020-21 and 2021-22 in order to assess whether the College's admissions policies are implemented in practice.

113 The team was also able to consider all course documentation to assess whether admissions requirements reflect the College's overall regulations and policies.

Why and how the team considered this evidence

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

115 To assess whether the College has relevant academic regulations that facilitate an inclusive admissions system, the team reviewed the College's documents relating to the delivery of its BTEC awards: Pearson programme specifications; [011,012,013,014] and College bespoke specifications [015,016,065] Pearson Academic Management Review Reports; [042-044] the Access and Participation Plan; [002] Admissions and Enrolment Procedures; [056] Checking for Criminal Records; [057] and the in-prospect documentation consisting of the Admissions Policy [058] with supporting documents in the form of the Offer of a Place Form, [059] Rejection of a Place form, [060] Interview Guidance and Interview Form, [061] Admissions checklist, [120] and the Equality and Diversity Policy. [055]

116 To assess whether entry requirements reflect the College's overall policies as well as the expectation of Pearson, the team reviewed relevant course documentation. [015, 016, 065]

117 To assess whether the College has credible, robust and evidence-based plans for ensuring that admissions systems are reliable, fair and inclusive, the team reviewed the College's plans for delivering admissions by considering the College's submission, [000] its Access and Participation Plan, [002] the College's Business Development Plan, [005] governance arrangements, [026,156] Academic Board Terms of Reference, [029] and Terms of Reference for the Programme Committee. [030]

118 To assess whether the information given to applicants is transparent, inclusive and fit for purpose, the team considered generic information for applicants on the College's website, the College Prospectus, [004] Pearson Annual Management Review Reports, [042-044] Admissions Policy, [058] Recognition of Prior Learning form [069] and policy, [070] Student Terms and Conditions, [066] and university progression agreements. [019,160]

119 To interrogate how the College ensures that third parties understand and implement their admissions policies and processes, the assessment team considered the referral agent documentation [154] and met staff. [M2]

120 To assess students' views about the admissions process, the assessment team

considered the Student Submission [087] and held meetings with students. [M3]

121 To test staff understanding of their responsibilities for admissions and to ensure that they are appropriately skilled and supported in making inclusive admissions decisions, the team held meetings with senior and academic and professional staff, [M2,M6]

122 To assess whether reliable, fair and inclusive admissions decisions were made for applicants, the assessment team considered admissions records. [S2]

What the evidence shows

123 The assessment team's analysis of the evidence led to the following observations.

124 As set out in the Pearson Guidance, [017] the College has ultimate responsibility for student admissions to its courses but Pearson provides clear guidance on expectations and indicates that it expects providers to recruit with integrity and to ensure that students recruited have a reasonable expectation of success. Pearson Annual Management Review reports [042-044] confirm that the Pearson reviewer has seen sufficient evidence to confirm that the College publishes information that is accurate and provides students with a basis for making an informed decision about enrolment and that suitable processes are in place to assure the integrity of student recruitment onto the College provision. The reports confirm that the student recruitment process enables applicants to discuss learning needs, that there is a procedure for timely and accurate registration of students, which is operational and monitored and is compliant with awarding organisation and regulatory requirements, and there is a mechanism for checking the accuracy of student registrations. The reports go on to comment favourably on the College's induction process and state that student induction clarifies details of sourced information through prospectus, online and through marketing information in order that informed choices can be made.

125 The College sets out its overall approach to recruitment and admissions in its Access and Participation Statement. [002] The College expressed in its submission [000] its desire to gain OfS registration to continue with its UKVI Tier 4 sponsorship licence and to continue to recruit local students living in areas of low further and higher education participation and low household income socio-economic status. The Provider Submission discusses its desire to increase applications from, and admission of, students from under-represented groups. This is further corroborated in the Access and Participation Statement, [002] which outlines a focus on recruiting and admitting students from a wide range of different underrepresented groups. The College Development Plan 2021-23 [005] outlines its ambitions to provide new access routes into its programmes, to widen access to target groups including those on low incomes, mature learners, ethnic groups and applicants from economically disadvantaged backgrounds. The Equality and Diversity Policy [055] sets out a commitment to diversity and inclusivity.

126 The College's academic governance structure [026,156] consists of the Academic Board and its three subcommittees, which include the Programme Committee and the Student Representative Committee. As noted in paragraph 26, the Academic Board is currently meeting but the College plans [156] indicate that the Programme Committee will be operational from September 2022. In its Terms of Reference, [029] the Academic Board is responsible for assessing the criteria and processes for student admissions and approving policy and procedure. [029] The Programme Committee will consider admissions data, enrolment, progression, withdrawal, and achievement. [030] The team considers that the proposed governance arrangements should support appropriate oversight of admissions including development of policies and procedures. However, as noted in paragraphs 136-137, the team has concerns about the College's procedures for the approval and oversight of agents and there is no reference to either committee having any responsibility for these

processes. Therefore the team considers that although the arrangements for governance of admissions are generally appropriate, they do not currently incorporate any specific consideration of matters relating to recruitment agents.

127 Information about courses and entry requirements are readily available on the College's website and in the programme documentation. [011-016, 065] Entry requirements include both minimum academic requirements and also the requirement for students for whom English is not their first language to have a recognised English language qualification such as IELTS 5.5. Limited information regarding student support (for example, disability support) is available on the website and what is there is mainly in the frequently asked question section with little detail provided other than a list of services offered. Relevant policies relating to Student Admissions, [058] Recognition of Prior Learning form [069] and policy, [070] and Student Terms and Conditions [066] are also located on the College's website and are therefore accessible to applicants. The team found that the admissions requirements align with the approved course documents and the College's policies.

128 The College currently manages the admissions and enrolment process through its Admissions and Enrolment Procedures. [056] At present, because of the low student numbers, admissions are being carried out on a bespoke basis by the Principal. The College recognises that its current personalised procedures would not be appropriate should there be an increase in applicants. [001,M2] Under the current policy, [056] not all applicants are invited to attend an admissions interview, for some programmes the decision is based on application form only, although the team was told that all international students are interviewed. [M2] Other applicants may be asked to undertake a short assessment test or show a portfolio of work. All students are currently asked to undergo an online interview during the enrolment process to further assess level of English proficiency, discuss financial status, previous qualifications, and area of study. [056]

129 The College is planning to implement a new Admissions Policy [058] with supporting documents: Offer of a Place Form; [059] Rejection of a Place Form; [060] Interview Guidance and Interview Form [061] for use from 2022. The College states in its new Admissions Policy [058] that following assessment and verification of the applicant it will invite applicants who meet the entry criteria to attend two interviews conducted by two different members of staff. Following a positive outcome from interviews and an English test, where taken, the outcome will be notified to the prospective student within 10 working days of the interview. Offer letters [S2] include information on fees, any loan facilities available to the student, details of induction and start date, and provide links to policy and procedural documents on the website.

130 The team reviewed the in-prospect guidance for interviewing prospective students, [061] which clearly states that all students must be assessed against the admissions criteria as specified by Pearson and detailed in the Admissions Policy. [058] The guidance provides interviewers with areas to explore at interview but also allows for other areas to be introduced to tailor the interview to the specific application being considered. Applicants who require additional support due to a disability are asked to self-declare to ensure that appropriate levels of support can be made available to support their programme of study. The College's current criminal record disclosure (CRB) policy [057] relates only to staff recruitment, and the team queried what policy is in place for students. In a written response [000c] the College indicated that it proposes to develop a CRB disclosure policy for students in advance of recruiting to the HNC/D Social and Community Work Course (for which CRB checks will be compulsory for all students).

131 All applicants requesting consideration of relevant work experience or other experience will be asked to submit written evidence in support of their application. The College has a policy for the Recognition of Advanced Standing [069] and Recognition of

Advanced Standing Form [070] for Prior Learning. The team reviewed this policy and noted that it is clear that an applicant can only claim recognised prior learning to the programme through relevant work experience or by having studied and passed units on the HNC/HND Business Programme. The team found the guidance to be based on Pearson's approach to recognition of prior learning and therefore fit for purpose.

132 The Admissions Policy [058] refers to the procedure for handling admissions appeals (which relate to an admissions decision) and complaints about the admissions process. The appeal process requires the applicant to write to the Principal, with a response being provided within 10 days. For complaints, the Admissions Policy [058] directs students to the College's student complaints procedure. The College confirmed to the team that it has not received any admissions appeals or complaints. [000c]

133 The College's plans for admissions that will operate for the 2022 admissions cycle include policies and associated documentation that has not yet been operationalised, and their effectiveness therefore cannot be assessed at this stage. However, the team considers that the plans, if implemented as intended (and with appropriate training and support), would support reliable, fair and inclusive admissions decisions.

134 The College Prospectus [004] is clear and contains useful information for students, such as condensed course summaries and financial information, although only limited information on student support. Programme information on the website also includes condensed course summaries, and course specifications attached to the relevant course entries on the website, which are the full Pearson specifications rather than the College's bespoke versions. [Web2] The prospectus and website use some stock images that could be misleading to applicants, particularly on the resources available to students at the College - for example photographs of libraries that the College does not possess. Also, the website has a banner titled 'Anglo Skills College Statistical Review' which states '1,505 students registered' which the team understands relates to registrations on all courses (including further education and short courses) since the College started to operate, but as this is not clearly stated it may give applicants the impression that the College is larger and has more students than it currently does.

135 The Prospectus also includes a diagram which refers to 'Direct entry to Universities' for a Level 6 top-up year, and states that following the HND Business 'You can progress directly on to the 3rd year of a BA in Business at any of our partner universities'. This is potentially misleading as the College has two progression agreements with universities, [019,160] the agreement with Solent University [019] dating from March 2021 and the agreement with Hartpury University [160] dated November 2021 (therefore postdating the production of the prospectus). The agreement with Solent University indicates that applications from students who have completed the HND Business at the College will be eligible to apply, but that students have to go through the full UCAS application process and a place on a top-up is therefore not automatic or guaranteed. The team therefore concluded that the information given to applicants is not always transparent, inclusive, or fit for purpose.

136 The College uses recruitment agents [000] but provided no evidence of its arrangements for working with agents in its initial documentary submission. Following the initial desk-based analysis stage, the team requested evidence relating to how the College manages its arrangements with agents. In response to this request the College provided a statement stating that 'ASC does use agents. Agents refer prospective students to the College. The College makes the decision over whether or not to offer the student a place on a programme of study following interview and consideration of the application form', but provided no documentary evidence to support this statement. During the visit, senior staff stated [M6] that they had used recruitment agents in the past but due to COVID were not using any currently. The team made a further evidence request, for more information to

include any guidance given to agents; the template for agreements/contracts with agents and a completed example of a contract. In response to this request, the College provided a blank copy of a contract of agent agreement [154] but did not provide a completed example of a contract with an agency that had been used in the past, or any guidance documentation provided to agents.

137 The template agreement, if implemented appropriately and supplemented by references of the credibility of the agent, would serve as an appropriate contract. However, the form makes no mention of any references being required nor of any due diligence undertaken to ensure that the recruitment agency is appropriate, and the College provided no additional evidence relating to how these processes would be managed and the governance processes that would apply. Senior staff were clear that agents [M2,M6] do not make the final decision on admissions and are not allowed to use the College's paperwork, but despite more than one opportunity to do so the College did not articulate how they ensure that recruitment agents adhere to the College's admission policies and requirements. The team was also concerned that there was no acknowledgement of the potential risks in working with agents (for example in terms of the information that agents provide to applicants) even where the College makes the final decision on applicants. The team therefore found that the College does not manage arrangements with recruitment agents effectively.

138 The Student Submission video [087] indicated that students were satisfied or very satisfied with the admissions process and noted the exceptional level of support provided by staff during the process. Students met by the team [M3] agreed that in their experience, the admission process was fair, and they all experienced the same individual and supportive interview process. Students [M3] also said the information they received during the admissions process was accessible, helpful and accurate and that their experience on their course had matched their expectations. Overall, students confirmed and agreed that they had found the admissions system reliable, fair and inclusive.

139 Staff [M2] stated that they are to move away from the current bespoke admissions process to a more formalised process so that all students undergo the same admissions process. Staff currently undertake no training, [M2] for example with regard to interviewing students. In response to an evidence request regarding staff training for admissions [000c], the College indicated that as student numbers grow it intends to provide training for staff on implementing policies and procedures. Although staff confirmed at the visit [M2] that there are plans to train staff in future on relevant policies including the access and participation statement, equality, and diversity policy, no documented evidence of any proposed training was provided. The College currently manages students who declare a disability during admission via the Disability Policy. [112] The policy is clear on process but the staff did not articulate how this would work in practice. [M2] The Mandatory Training Plan [137] does not refer to equality, diversity, and inclusivity training for staff. The team therefore concluded that although staff were able to articulate their role in admissions, currently staff are not appropriately skilled and trained to make inclusive admissions decisions.

140 Admissions records [S2] demonstrated that, overall, the College's policies were implemented in practice, all expected documentation was seen, and admissions checklists [120] (which are a record that staff have seen, for example, evidence of identification, qualifications and proof of address) were completed for the majority of applicants. However, no interview notes or interview questions were provided to the team. The team found that admissions records demonstrate that the College's policies are implemented in practice.

Conclusions

141 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

142 The team considered that the College meets Pearson's requirements with regard to admissions. The College has recently applied a bespoke one-to-one approach for admissions because of the very small student numbers. The in-prospect Admissions Policy and supporting procedures are as yet untested but if implemented appropriately would be fit for purpose and support reliable, fair and inclusive admissions. Admissions records demonstrate that, overall, the College policies are implemented but some gaps were seen in application evidence. Students told the assessment team that they had all the information they needed during the application process. However, the team concludes that, overall, the College does not have a reliable, fair and inclusive admission system. This is because there are no definitive plans for staff training, including for those involved in interviewing applicants or in equality, diversity and inclusivity. Some of the information for applicants is not transparent and may mislead students as to the resources available to them at the College and the nature of opportunities to progress to universities. The College confirmed that they have used recruitment agencies in the past, and although the assessment team was provided with a template contract for a recruitment agency agreement, no evidence of plans for the management of these arrangements or completed copies of the contract were provided. The College was clear that it makes the final decisions on applications, but staff did not demonstrate an understanding of the risks involved when using agents in recruitment. The assessment team therefore concludes that the College does not provide a reliable, fair, and inclusive admissions system and that this Core practice is not met.

143 The evidence underpinning this judgement reflects the evidence described in the QSR evidence matrix. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

145 The QAA assessment 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

146 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Anglo Skills College QAA QSR Provider Submission 28 September 2021 [000]
- b ASC Revised Additional Evidence Response [000c]
- c Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership [011]
- d Pearson BTEC Higher National Business first teaching September 2016 [012]
- e Pearson BTEC Higher Nationals Business first teaching September 2021 [013]
- f Pearson BTEC Higher Nationals Social and Community Work first teaching September 2018 [014]
- g ASC Programme Specification for HN Business [015]
- h ASC Programme Specification for HN Social and Community Work [016]
- i Pearson External Examiner Report May 2019 [045]
- j Pearson External Examiner Report July 2020 [046]
- k Pearson External Examiner Report September 2021 [047]
- l AMRs
- m Pearson External Examiner Reports [093]
- n ASC Student Handbook 2021 to 2022 [063]
- o ASC Observation of Teaching, Learning and Assessment Policy [075]
- p ASC Student Submission (video) [087]
- q ASC Internal Verification and Assessment Policy [088]
- r ASC Quality Manual [089]
- s ASC Internal Quality Assurance Process [090]
- t ASC Academic Regulations [091]
- u ASC Learning and Teaching Enhancement Strategy 2021-2024 [092]
- v ASC All HNCD Business External Examiner Reports 2015-2021 [093]
- w ASC Scheme of Work [097]
- x ASC Tutor Observations [098]
- y ASC Pearson Action Plan 2021-22 [110]
- z ASC Student Course Survey [123]
- aa ASC Skill Audit Form - CSM84 [139a]
- bb ASC Induction Survey June 2021 V2.0 [155a]
- cc ASC Student Course Survey Template [155b]
- dd ASC Student Course Survey Term 1 HNC [155c]
- ee ASC Student Course Survey Term 2 HNC [155d]

- ff ASC Student Course Survey Term 3 HNC [155e]
- gg ASC Student End of Course Survey L7 [155f]
- hh ASC Academic Governance 30 November 2021 [156]
- ii Meetings with staff of the provider regarding standards and assessments, [M1] teaching, learning and student support, [M5] final meeting, [M6] meeting with current students, [M3]
- jj Resource tour

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

148 As the provider currently has very low student numbers and is therefore delivering teaching and learning on a one-to-one basis which would not be representative of delivery mechanisms that will operate in the future, the team did not undertake any observation of teaching.

How any samples of evidence were constructed

149 No sampling was required for this Core practice. The team was able to look at approved course documentation for all programmes in order to test whether elements of those courses are high quality and that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes.

150 The team considered all external examiner reports to identify their views about the quality of the programmes.

151 The team was able to look at all examples of student views represented in internal surveys in order to identify students' views about the programmes.

Why and how the team considered this evidence

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

153 To identify the College's approach to designing and delivering high-quality courses, the assessment team considered the provider's ASC Revised Additional Evidence Response, [000c] the ASC Internal Verification and Assessment Policy, [088] the ASC Quality Manual, [089] the ASC Internal Quality Assurance Process, [090] the ASC Academic Regulations, [091] and the ASC Academic Governance 30 November 2021, [156] and explored this Core practice further in a meeting with staff. [M1]

154 To assess whether the College has credible, robust and evidence-based plans for designing high-quality courses, the assessment team considered the Provider Submission, [000] the ASC Observation of Teaching, Learning and Assessment Policy, [075] the ASC Learning and Teaching Enhancement Strategy 2021-2024, [092] the ASC Tutor Observations, [098] the ASC Pearson Action Plan 2021-22, [110] and the ASC Skill Audit Form - CSM84, [139a] and explored this Core practice further in a meeting with staff. [M5]

155 To test that all elements of the courses sampled are high quality (curriculum design,

content and organisation, learning, teaching and assessment approaches) and that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes, the assessment team considered the ASC Revised Additional Evidence Response, [000c] the Pearson programme specifications, [011, 012, 013, 014] the College's Programme Specifications, [015, 016] the Student Handbook, [063] the Scheme of Work, [097] and participated in a virtual tour of the resources. [Resource Tour]

156 To identify external examiners' views about the quality of the courses sampled, the assessment team considered the Pearson External Examiner Report May 2019, [045] the Pearson External Examiner Report July 2020, [046] the Pearson External Examiner Report September 2021, [047] and the ASC All HNCD Business External Examiner Reports 2015 - 2021. [093]

157 To identify students' views about the quality of the courses sampled, the assessment team considered the ASC Revised Additional Evidence Response, [000c] the ASC Student Submission (video), [087] the ASC Student Course Survey, [123] the ASC Induction Survey June 2021 V2.0, [155a] the ASC Student Course Survey Template, [155b] the ASC Student Course Survey Term 1 HNC, [155c] the ASC Student Course Survey Term 2 HNC, [155d] the ASC Student Course Survey Term 3 HNC, [155e] the ASC Student End of Course Survey L7, [155f] and explored this Core practice further in a meeting with students. [M3]

158 To assess how staff ensure courses are high quality, the assessment team met College staff. [M1, M3, M5, M6]

159 To assess student views on the quality of their courses, the team met students [M3] considered the Student Submission [087] and considered a small number of recent student surveys. [155]

What the evidence shows

160 The assessment team's analysis of the evidence led to the following observations.

161 The College stresses that it draws on the guidelines provided by Pearson, as the awarding organisation, and adheres to Pearson regulations and procedures in the delivery of its programmes. [000c] While difficult to navigate, the College's own academic regulations and associated documentation - the Internal Verification and Assessment Policy, [088] Quality Manual, [089] Internal Quality Assurance Process, [090] Academic Regulations, [091] and the Teaching, Learning Teaching Enhancement Strategy [092] indicate that there are aspects of the provision that aim to ensure the delivery of high-quality courses. For instance, the Internal Verification and Assessment Policy [088] highlights that students should be apprised of their progress, that assessment feedback should be explicit and timely, and that robust assessment procedures should be in place. The team found that the Learning and Teaching Enhancement Strategy [092] recognises the importance of achieving a minimum overall satisfaction score of 85% in student evaluations, [092] although the low student numbers and lack of formal student feedback mechanisms currently mean that progress towards this goal is unlikely in the absence of other supporting mechanisms such as an overall quality framework, and until student numbers increase. As explained in paragraph 24 the team had some concerns about the usefulness, clarity and coherence of some of the College's internal documents but concluded that, overall, given the College's use of the Pearson documentation to guide its operations, the team found that there is an appropriate regulatory and policy framework to support the development of high-quality delivery.

162 The academic governance structure [026] is headed by the Academic Board, which has three subcommittees (Assessment Board, Programme Committee and Student

Representative Committee). According to the Terms of Reference of committees [029-032] Academic Board is responsible for the oversight of all academic matters at the College. Its role includes making policy and procedural decisions on a range of issues including teaching, learning and assessment, quality of the learning experience, and outcomes of student feedback mechanisms. The Academic Board has a higher education student representative as a member. Programme Committee is responsible for the oversight of the operation of courses, including overseeing the quality of the student experience, identifying course and module enhancements and monitoring learning resources. The Student Representative Committee [032] provides opportunities for student representatives to contribute to consideration of the student learning experience at the College, including issues such as teaching, learning and assessment; student support and guidance and learning resources.

163 Senior staff articulated [M1] which committees were currently meeting and which would become operational as student numbers grow. These arrangements were confirmed in a written response from the College. [156] As explained in paragraph 26, the Academic Board and Assessment Board have been meeting, however the Programme Committee and Student Representative Committee do not currently meet [M1,156] because of the low student numbers, and more informal processes are currently in place for the necessary discussions to take place. Minutes [035,037,133] indicate that students have provided very positive feedback to Academic Board about teaching and learning, their overall student experience, the helpfulness of feedback on their work and on the College's response to Covid (including its arrangements for online teaching and student support). The team considers that the academic governance structure includes committees which should underpin the arrangements for providing high-quality courses.

164 The College has an Observation of Teaching, Learning and Assessment Policy [075] but this document ranges across various aspects of teaching and learning, with the section relating to observation forming a relatively small part of it. Fortnightly observations of teaching staff are referred to here, with oral and written feedback to the lecturer concerned being a feature of the approach. To support this, the College subsequently tabled three tutor observations [098] from the last two academic years. Conducted by the Principal, these observations are appropriately detailed and include relevant developmental feedback for each of the tutors concerned. At the visit the College was unable to articulate clearly the current approach to teaching observation, for example in respect of frequency or purpose and its role in supporting development of staff, or detail how this would be embedded further should student numbers increase and additional staff be appointed. [M1,M5] The assessment team was therefore of the view that the current approach to teaching observation procedures, and its future plans in this area, were unclear.

165 In terms of course documentation, the College draws on the Pearson unit descriptions, as contained in the Pearson programme specifications. [011-014] These are generic documents that apply to all centres delivering the programme in question and include the learning outcomes that are to be delivered for each unit. As well as incorporating the unit descriptors, the College provides some further limited contextualisation in the bespoke programme specifications that were tabled. [015, 016] Staff clarified that they use the generic Pearson unit specifications, [000c] and the team found that Pearson procedures and guidelines are closely adhered to. The College also submitted schemes of work pertaining to the Level 7 Diploma. [097] This consists of a list of topics to be covered in six units in the Diploma and is, in effect, a brief overview of the content which provides only a little more detail beyond the generic Pearson unit specifications. The team found that approved course documentation indicates that teaching, learning and assessment design enables students to meet and demonstrate the intended learning outcomes.

166 The Student Handbook states that the College intends that course handbooks

should contain 'all the details of your study programme'. [063] The team found that the course handbooks [064,065] are relatively brief documents. There is no information, for example, on the specific scheduling of units, or on how library resources are accessed. Links to the relevant policy documents students may need are not evident, although there is a reference to regulatory and policy documents being available on the website in the Student Handbook. [063] The assessment team was provided with VLE access to all units that had been offered by the College, on both the HNC/D and Level 7 Diploma programmes. A demonstration of the VLE was also provided to the team. [Resource Tour] In the student view of the VLE, content is divided into folders headed 'Teaching resources', 'Learning resources' and 'Classroom activities'. The assessment team was also able to view a separate part of the VLE headed 'Tutor resources'. Here, potential content to be used by the tutors was available, enabling them to copy the resources over from here into the student area of the VLE. The Academic Manager ensures that the material used is appropriate and fit for purpose. [Resource Tour] The VLE acts as a repository for teaching and learning resources and some of its features (such as discussion boards, assignment submission or the news forum) are yet to be developed; however, the team considers that the VLE provides a minimally acceptable level of resources for students.

167 The College's approach to the submission of assignments consists of students emailing their work to the relevant tutor. [M6] The assessment team considers that this approach to the submission of assessed work, for instance compared to online submission through a VLE portal, is less than optimal as the current arrangement does not include an automated process for registering receipt of submitted work and monitoring that submission is within deadlines. During a meeting at the visit, College staff explained how they ensure that assessment deadlines are not missed by students currently [M6] due to the close one-to-one nature of the delivery. However, the assessment team had concerns that a more robust system would need to be in place if student numbers increased, in order to ensure that all students are treated equitably in respect of assignment submission and the application of any penalties.

168 At the visit, some examples of learning, teaching and assessment practices that would support high quality were identified; [M5] for example, flexible student choice is apparent in respect of units, and on the Level 7 Diploma is linked to student work in the first mandatory unit [M5] where the student undertakes a Skill Audit, [139a] as well as being related to identified student aspirations and interests. Staff articulated to the team [M5] examples of what they regard as high quality aspects of the provision, including, for example, teaching standards, resources and student outcomes; one-to-one teaching and formative feedback; and being able to mould courses to suit individual student aims. Although the team found that staff are able to articulate on an individual basis what 'high quality' means and how they consider that their provision meets the definition of high quality, staff did not appear to have a shared understanding of what high quality looked like in the context of the College, or of how they ensure that the delivery of teaching and learning is high quality.

169 The annual Pearson Academic Management Review (AMR) reports for the past three years [042-044] have been positive, indicating that all quality objectives have been met. External examiner reports [045-047] have also all been positive and no required essential actions have been identified. Reports include some identified examples of good practice, including the range of assessment methods that are used, [045] the excellent use of standard Pearson documentation [093] and the use of a plagiarism checker on all assessment. [047] At the visit, however, the team was told that the systematic use of a plagiarism checker, for example through the VLE, was not in fact available currently. [Resource Tour] However, the Academic Manager stated that student work is checked using an appropriate software package. [M6] The assessment team formed the view that this appeared to be on an ad hoc basis and not embedded across the teaching team. The

external examiners emphasise that all documentation to which they had access is in good order, and none of the reports raise any serious concerns that would potentially indicate inherent concerns in relation to the quality of the delivery. The College has introduced for the first time this year an action plan [110] designed to address any essential actions and recommendations identified by Pearson in the AMRs and external examiners' reports. The action plan encapsulates various aspects of delivery at the College, including in relation to the design and delivery of courses, and assessment. For example, the College recognises the need to improve the delivery of qualitative feedback on the Level 7 Diploma, noting that staff have been briefed in this regard. [110] The assessment team found that external examiner and Pearson AMR reports indicate that the courses are of high quality.

170 The Student Submission [087] indicates that students are satisfied with the quality of teaching. It is evident that the current low student numbers have resulted in a programme that is largely delivered on a staff-student ratio of 1:1. This could be considered as evidence of high-quality delivery, but also means that students do not benefit from the opportunities for peer-to-peer learning and interaction that a larger student cohort would provide. Students met by the team at the visit [M3] were positive regarding their experiences on their courses. They valued the one-to-one nature of the delivery, the resources to which they have access, and the support they are provided with. They also confirmed that the process for selection of option modules is supportive and that choices can be based around their career aspirations or a desire to study topics that they had not previously studied. The assessment team found that students regard their courses as high quality.

171 The Provider Submission stated that while student numbers are low, feedback is gathered from students on an individual basis, rather than through larger end-of-unit or end-of-programme surveys. [000] The team had some concerns about the lack of anonymity inherent in such arrangements, but accepted that it is inevitable that, with low student numbers, anonymised student feedback is very difficult to achieve. In a response to a request for further evidence of plans for eliciting student feedback, the College stated that it does not currently use 'formal surveys' [000c] but was intending to develop surveys for implementation once student numbers grow. A template for a course survey was provided to the team. [123] The Student Course Survey template [123] covers various aspects of the student experience, including assessment and feedback, learning resources, organisation and management.

172 During the visit it became apparent from the meeting with students that some surveys had recently been completed by students, [M3] and there was some confusion and inconsistency across the senior staff team regarding what surveys had been completed and what the future plans were in this regard. [M5] The College submitted templates [155a-b] and versions recently completed by students [155c-f] to the team. These consisted of a template for an induction questionnaire and completed questionnaires consisting of termly comments on the course as a whole, and a year-end evaluation. However, there was some confusion about the type of questionnaires the College proposes to use as the team was also told that a template for end-of-module questionnaires was being prepared by the Director of Quality. A clarifying statement [000g] provided during the visit confirmed the intention to have an induction survey, end-of-module/unit surveys and a course survey at the end of each year.

173 In addition, documented plans regarding the academic governance arrangements in respect of student feedback (including the specific committees that will consider such feedback, how this feeds into any action plans, and how the College intends to close the feedback loop) were not provided. However, staff indicated [M2,000g] an intention to submit the outcomes to Programme and Student Representative Committees, with a summary going to Academic Board, and with actions taken being fed back at the Student Representatives Committee in addition to providing 'you said, we did' posters. The team

found that although these arrangements are not currently documented, the Terms of Reference of Academic Board, Programme Committee and Student Representative Committee [032-034] include reference to their roles in considering and responding to issues raised by students on the quality of their experience, including the outcomes of surveys.

Conclusions

174 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

175 The team found that there are some positive aspects of the delivery at the College indicating an approach to teaching and learning that is of high quality. The team found that some aspects of the College's approach to internal quality assurance, student evaluation and teaching observation are currently confusing or contradictory and the team identified some issues with the College's own quality documentation. However, the College does adhere to Pearson procedures and policies. This is evident in terms of curriculum design, content and organisation, as well as and learning, teaching and assessment approaches, in which unit content is consistent with the programme specifications and assessment design, and marking and verification satisfies Pearson's requirements. Pearson AMR and external examiner reports indicate satisfaction in respect of teaching, learning and assessment and confirm that the College's courses are high quality. Students are very satisfied with their experiences at the College and indicate that they regard their courses as high quality.

176 The College's plans for academic governance provide a credible approach to committee oversight of the quality of courses. Student evaluation mechanisms are not yet fully developed, and there was some confusion and contradiction in the proposed arrangements described to the team. However, overall, the College has credible plans in relation to student feedback mechanisms that will be implemented should student numbers increase. The assessment team formed the view that, although staff did not outline a shared approach to how they ensure that delivery of teaching and learning is high quality in the College's context, the staff are able to deliver worthwhile educational experiences for students. Therefore, the assessment team concludes that, on balance, the Core practice is met.

177 The team's understanding of some of the aspects relating to the quality of courses relies on oral testimony. The team identified some issues relating to the College's internal quality assurance documentation and found some aspects of the provider's plans to be confusing or contradictory. Therefore, the assessment team has a low degree of confidence in this judgement.

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

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

179 The QAA assessment 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

180 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Anglo Skills College QAA QSR Provider Submission 28 September 2021 [000]
- b ASC Revised Additional Evidence Response [000c]
- c ASC Director of Quality job description [021]
- d ASC Student Welfare Officer job description [022]
- e ASC Academic Manager job description [023]
- f Business Tutor job description [024]
- g ASC Management Diagram [025]
- h ASC Staff Recruitment Procedure [073]
- i ASC Staff Appointment Procedure [074]
- j ASC Student Submission (video) [087]
- k ASC Staffing plan [099]
- l ASC Teaching Schedule for HE Programmes 2021 [100]
- m ASC Staff Handbook [101]
- n ASC Staff Induction Policy [102]
- o ASC Staff Development Policy [103]
- p ASC Staff Appraisal Policy [104]
- q ASC Recruitment Procedure Application Form and Questionnaire [105]
- r ASC Staff Recruitment Checklist [106]
- s ASC Tutor Appraisal Form [135]
- t ASC Staff Appraisal Example of Previous Practice [135a]
- u ASC Continuous Professional Development Plan [136]
- v ASC CPD Example of Previous Practice [136a]
- w ASC Mandatory Training Plan for All New Staff [137]
- x Staff CVs [143]
- y [REDACTED NAME] Contract Final 02.06.2021 [144]
- z CPD Plan template [150a]
- aa Completed CPD Plan [150b]
- bb Example of CPD [150c]
- cc Creating a CPD Plan presentation [150d]
- dd ASC Staff Information [151]
- ee Recruitment Records [S3, 144-146]
- ff Resource Tour

gg A meeting with staff regarding facilities, resources and staffing, [M4], the final meeting [M6] and a meeting with current students. [M3]

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

182 As the College currently has very low student numbers and is therefore delivering teaching and learning on a one-to-one basis which would not be representative of delivery mechanisms that will operate in the future, the team did not undertake any observation of teaching.

How any samples of evidence were constructed

183 The team considered a sample of staff recruitment records in order to assess whether the staff sampled were appropriately qualified and skilled and that staff were recruited according to the College's policies and procedures.

184 No further sampling was necessary as the team was able to consider all examples of student surveys in order to identify students' views about the sufficiency, qualifications and skills of staff.

Why and how the team considered this evidence

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

186 To identify how the College recruits, appoints, inducts and supports staff so that it meets the outcome, the team considered the Provider Submission, [000] the ASC Staff Recruitment Procedure, [073] the ASC Staff Appointment Procedure, [074] the ASC Staff Handbook, [101] the ASC Staff Induction Policy, [102] the ASC Staff Development Policy, [103] the ASC Staff Appraisal Policy, [104] the ASC Tutor Appraisal Form, [135] the ASC Staff Appraisal Example of Previous Practice, [135a] the ASC Continuous Professional Development Plan, [136] the ASC CPD Example of Previous Practice, [136a] the ASC Mandatory Training Plan for All New Staff, [137] CPD documentation, [150a-d] and the ASC Staff Information, [151] and explored this Core practice further in a meeting with staff. [M4]

187 To assess whether the College has credible, robust and evidence-based plans for ensuring that it has sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience, the team considered the Provider Submission 28 September 2021, [000] the ASC Revised Additional Evidence Response, [000c] the ASC Principal job description, [020] the ASC Director of Quality job description, [021] the ASC Student Welfare Officer job description, [022] the ASC Academic Manager job description, [023] the Business Tutor job description, [024] the ASC Staffing plan, [099] the ASC Teaching Schedule for HE Programmes 2021, [100] the ASC Recruitment Procedure Application Form and Questionnaire, [105] Staff CVs, [143] and the ASC Staff Recruitment Checklist, [106] and explored this Core practice further in a meeting with staff [M4] and at the final meeting [M6]

188 To identify the roles or posts the College has to deliver a high-quality learning experience and assess whether they are sufficient, the team considered the ASC

Management Diagram. [025]

189 To identify students' views about the sufficiency, qualifications and skills of staff, the team considered the ASC Student Submission (video) [087] and explored this Core practice further in a meeting with students. [M3]

190 To assess whether the staff sampled are appropriately qualified and skilled to perform their roles effectively, the team considered the ASC Revised Additional Evidence Response, [000c] and the records of staff recruitment [S3,144-146], and undertook a virtual tour of the resources. [Resource Tour]

What the evidence shows

191 The assessment team's analysis of the evidence led to the following observations.

192 The College's Business Development Plan [005] sets out objectives that include 'Recruit highly qualified and motivated staff to provide high quality education' and a performance indicator 'Secure high-quality staff who stay at the College and are supported by a relevant staff development programme of activities'. The plan does not include details of how the College intends to achieve these aims; however, a staffing plan [099] demonstrates that the College has considered staffing needs in line with planned student number growth and the introduction of new courses. The staffing plan [099] recognises that future growth in student numbers, and therefore staffing, is dependent upon successful registration with the Office for Students. It sets out appropriate numbers of full-time equivalent and casual staff, broken down by programme. In addition, a dedicated administrator is proposed, whose hours would increase as student numbers rise. Committee Terms of Reference indicate that the Board of Directors [027] is responsible for 'staffing matters, both academic and administrative including appointments, determination of salary and remuneration'. The Executive Management Board [028] is responsible for staffing matters and staff development for College staff. The minutes of these committees [033,034,036,134] do not, however, demonstrate discussions taking place relating to staffing policies and therefore the governance arrangements underpinning the College's policies relating to staff and staff development were not clear to the team.

193 Institutional policies pertaining to staff recruitment [073] and appointment [074] set out the College's approaches to the employment of new staff. These documents indicate a commitment to operate non-discriminatory processes and set out expectations, for example relating to the production of job descriptions and person specifications, the application, shortlisting and interview processes, requirements for references and CRB checks. They are generally appropriate, although there is a degree of unnecessary repetition between the two policies. Both policies are generic, covering appointment of all categories of staff with specific arrangements that pertain to recruitment to the particular types of role, being included in job descriptions. Both policies refer briefly to a three-month probation period for new staff but provide no detail, although the Staff Handbook [101] does provide some further detail of this process.

194 The Staff Recruitment Checklist [106] includes a series of tick boxes, covering the documents required when staff join the College, for example identification documents, evidence of qualifications and proof of address. This document is therefore a resource that is likely to be used during the recruitment and joining process. A hard copy application form was also provided. [105] Section 10 of the application form consists of a form relating to equal opportunities monitoring and states that information 'will be kept completely confidential'. It includes merged categories relating to ethnic origin (such as 'White & Black African White & Black Caribbean White-British' and 'Black-Caribbean Black-Other Chinese'), and is therefore unlikely to enable the College to meet its stated aim of 'monitoring to ensure

equality of opportunity'.

195 The Staff Handbook [101] is organised into 16 sections and covers a range of issues such as organisational background and information, terms of employment, safety and welfare, disciplinary and grievance procedures, policies and leave arrangements. The College also provided a Staff Induction Policy [102] which is a generic document not contextualised to the College as the team found some content that is apparently from another company's induction policies (the Advanced Football Development Academy <http://afdaleicester.co.uk/induction-policy>) and apparently accessible from an online 'HR Policy Manual Template' (<https://www.human-resource-solutions.co.uk/Policies/HR-Policy-Manual/HR-Policy-Manual-Template.doc>). The policy includes sections which are unlikely to be applicable to the College, for example on school leavers, and references to topics such as bonuses and duty rotas. The assessment team agreed that the value of this document is therefore limited and unlikely to act as a useful resource when new staff join the College. During the visit, some further documentation was provided on induction, [149a-c] including an induction checklist listing the issues covered at induction; and two presentations relating to staff induction and covering College background, policies and information, course information and course management arrangements. Despite being titled 'Tutor induction checklist', the checklist [149a] lists generic issues such as introductions to the facilities and colleagues, conditions of employment and health, safety and security. Although the Academic Manager described induction processes for tutors which involved informing staff of policies and procedures and academic processes, [M4] these processes are not evidenced in the induction policy documentation and it was therefore unclear to the team whether the College has a clear and consistently applied approach to induction.

196 The College's Staff Development Policy [103] sets out some detail relating to how the College proposes to support the professional needs of its staff. However, the actual opportunities available to staff are not adequately set out, with the exception of a reference to the College offering 'such assistance as it deems reasonable to enable academic staff to secure the appropriate [teaching] qualifications'. The policy states that teaching staff are required to have a teaching qualification upon commencement of employment, or to obtain such a qualification after appointment, although the reference to a teaching qualification refers to further rather than higher education. The job description for a Business tutor [024] also indicates that applicants should have a 'PGCE or Diploma in Education and teaching', in addition to academic qualifications. During a meeting with senior staff [M4] it was apparent that when appointing staff the College looks for a teaching qualification or recent experience of teaching in higher education. However, the staff CVs [143] provided indicated that none of the four current academic staff for whom CVs were provided had a teaching qualification, although one has an assessor qualification. A list of five teaching staff provided during the visit [151], which included highest teaching qualifications, further indicated that only one (a potential staff member shortlisted for 2022) had a PGCE. All are academically qualified to at least Level 7, with two out of five holding doctorates. The College stated that in future they would expect to appoint all staff with a teaching qualification, [M4] but plans to ensure how this would be achieved, or to support existing staff in gaining a teaching qualification, were not articulated to the assessment team. The team found that there was little evidence of engagement with external sources that might assist in the development of staff, for example no staff hold fellowship of the Higher Education Academy at any level, and there appeared to be little awareness relating to how encouraging staff to work on applying for fellowship could be a useful facet to the College's operations and the development of its staff. [M4] The team therefore found that the College does not have a credible strategy for ensuring that it meets its stated aim of ensuring that all staff have a teaching qualification or achieve one after appointment.

197 The Mandatory Training Plan for All New Staff [137] sets out the training that all new staff must undertake in the first three months of their appointment, delivered through a

variety of formats. This includes issues such as health and safety, safeguarding and welfare of students, systems training and role-specific administration processes. There is, however, no mandatory training apparent in relation to Equality and Diversity or the General Data Protection Regulations (GDPR). There was also no mandatory training evident relating to the Prevent (counter-terrorism) duty, but staff stated in a meeting [M6] that, if the College registers with the Office for Students appropriate arrangements would be put in place in this regard as the College is aware that OfS expects all provides to deliver this.

198 Other examples of staff development were not presented in any depth in the submitted evidence. The team requested details of the staff training and staff development that has been provided by the College (in-house or externally) for all current staff, including compulsory training and CPD opportunities; however, this was not provided. The response to the team's request consisted of details of mandatory training [137]; a template for a professional development plan [136] and an 'example of previous practice' from 2018-19 relating to a specific member of staff [136a] (these documents are further discussed in paragraph 200). Relevant experiences of training were not forthcoming from staff who met the team. [M4] Senior staff did not outline any staff development opportunities that were available to staff, beyond the more routine topics that are considered in compulsory training or offered as staff induction, which consisted of briefings on academic standards, assessment processes or free online training courses which staff source for themselves. [M4] There was, for example, no awareness of development as it relates to areas such as pedagogy or andragogy, and no examples were provided of individual staff being encouraged or supported to undertake further professional or academic development outside of the College. The team considers that the College's current approach to staff development does not provide adequate development and support for staff to deliver a high quality academic experience.

199 The College stated in its submission [000] that staff appraisal takes place annually and is overseen by the Principal, and this is reiterated in the Staff Appraisal Policy. [104] However, it is unclear from the policy which staff are eligible as in one place there is reference to all members of staff irrespective of employment status being able to request an appraisal and in another it is stated that the policy applies only to staff who have committed to work for the College on a long-term basis. References are made to interviews being carried out, focusing on the strengths and weaknesses of the appraisee, but further detail on the process of appraisal, including its relationship to staff development, is lacking in the policy document. A Tutor Appraisal Form template [135] was also examined; alongside a completed appraisal form [135a] dated June 2021, which is in a different format to the template. [135] The template [135] consists of a fairly lengthy series of key performance indicators, many of which are specific to teaching staff and some of which relate to teaching observation activity considered in Q2. [163] However, the link between staff appraisal and teaching observation is not captured adequately in the College's documentation. The example of an appraisal provided [135a] indicates that the form was completed by the Principal, including the section intended for comments by the employee, with no self-evaluation or comment provided by the member of staff. The team further found that there was some lack of clarity in responses from staff [M4] regarding how appraisal operates and how it relates to other processes. Overall, the assessment team found the appraisal process to be unclear in its purpose, application and operation.

200 The assessment team scrutinised a Continuous Professional Development (CPD) Plan, [136] which is a template for staff to complete as part of their appraisal or following a training needs analysis, as well as a completed example. [136a] The completed example was in a different format to the template, the latter having some notes on how the form should be completed and used (indicating an expectation that it will be used as part of the appraisal process or for training needs analysis). It is not clear from the documents submitted why there is this discrepancy and how CPD procedures have been

operationalised previously or will be in future. The team noted that the Staff Handbook [101] makes brief reference to appraisal; however, there is no mention of the CPD plan, and the staff appraisal policy [104] does not cross-refer to it. An additional example of a completed CPD plan was provided [150b] from June 2021, which indicated completion of training on assessment and VLE, although other identified development needs for online training tools and developing coursework were yet to be completed; and the section for completed actions to be signed off by the line manager had not been completed. The College also provided an 'example of CPD' [150c] which sets out a process of assessment of individual need, assessment of development needs against role profile and a review of learning needs, although it was unclear how this related to the CPD Plan template; and a brief presentation on creating a personal development plan, [150d] which cross-refers to external sources and uses examples that relate to a non-academic setting. The assessment team therefore found the process for CPD planning, and its relationship to other processes, to be unclear.

201 The staff complement is currently small (Principal, Welfare Officer, Director of Quality, Academic Manager, four academic tutors, two support staff), but is appropriate, given the current low numbers of students. The College's staffing chart [025] includes current positions and some additional roles that have not yet been recruited into, for example Marketing and Finance roles. The staffing chart indicates that the reporting line for tutors is to the Academic Manager, who in turn reports to the Principal, without any direct relationship between the Director of Quality and academic staff. It was confirmed during a meeting at the visit that the Director of Quality does, however, work directly with teaching staff, for example through providing updates and briefings on policies. [M4] The teaching schedule for higher education programmes [100] includes the names of four current tutors whose CVs were made available to the assessment team for review. Job descriptions [020-024] for all of the posts identified in the Provider Submission [000] cover the roles that would be expected in a small-scale provider, and extend across leadership, [020, 023] quality assurance, [021] and student support functions, [022] as well as lecturing. [024] Some inconsistencies are apparent: for example, the Director of Quality job description [021] does not include a section relating to the required qualifications and experience; and the Student Welfare Officer job description [022] requires that the appointee holds a 'B.Ed. and teaching qualification'. Generally, however, the assessment team found that the duties reflected in the job descriptions cover the necessary areas to support the delivery of a high-quality learning experience for students.

202 In the Student Submission [087] and the meeting with students, [M3] students were positive about the staff, the one-to-one teaching and the support that staff provide and no concerns were raised about the sufficiency of staffing. The team found that students agree that there are appropriately skilled and qualified staff to deliver a high-quality experience.

203 Recruitment records for four members of staff, one administrative and three academic (including the Academic Manager) were reviewed. [S3] These records consist of a job description and a contract for the four individuals concerned, although the job descriptions are not consistent with the contract in one of the sample records. The team found that the contracts differ: those for a business tutor (including the Academic Manager) are of a 'self-employed zero hours' nature, but indicate that the time commitment is around six hours per week, although in the case of the Academic Manager there is an additional reference to 16 hours. It was unclear from the contracts whether all activities carried out by the employee (including, for example, preparation and assessment) are remunerated but the College clarified [M4] that such work is compensated appropriately.

204 The administrator contract [144] is in a different format and contains several discrepancies. These include the actual hours to be worked: in one place referring to the appointee being a full-time employee working 25 hours per week, in another is a statement that full-time employees 'normally' work 35 hours. The contract further states that overtime is

not payable, but that staff should not work for more than 48 hours per week. As this is a minimum wage position, an employee working above the contracted hours will therefore be receiving less than the minimum wage. On the whole, the contracts are poorly written and contain various typographical errors. The assessment team was also concerned that in the Staff Handbook [101] it is stated that 'it is our policy for employees to retire at the end of the week in which their 65th birthday falls'. The default retirement age was abolished over 10 years ago (<https://www.gov.uk/working-retirement-pension-age>) and staff of the College were unable to adequately explain the reason for this reference when asked about it during the relevant meeting. [M4] The assessment team also noted that the contracts refer to a probationary period, but do not indicate its length. As noted in paragraph 195, the assessment team found that scrutiny of staff recruitment records [S3] and staff CVs [143] indicates that staff have not all been recruited according to the College's policies in relation to the stated requirement that staff should have a teaching qualification or be required to work towards one.

205 The team was concerned that the identified issues with contracts and the terms of employment are not informed by a full understanding of current legislation relating to employing staff and equality. The team was also concerned that the nature of the teaching contracts meant that tutors or the Academic Manager could leave at very short notice and that this would impact on the stability and continuity of staffing. The Principal informed the team [M4,M6] that the College has contact with other potential sessional staff it could call on to replace any staff who leave at short notice, and that students benefit from having a range of different staff. Despite this reassurance of the option to call on other tutors, the team was concerned that there was insufficient recognition of the potential implications of the contractual position of academic staff, or any plans to ensure that changes in staffing would be effectively managed to ensure continuity of teaching and support for its programmes as student numbers increase.

Conclusions

206 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

207 The assessment team found that the College's current approach to the recruitment, appointment, induction and development of staff is not robust or credible. The current and planned staff development opportunities were vaguely outlined and not suitable to the needs of delivery of higher education. The approach to staff appraisal was also difficult to determine and inconsistent. The team also concluded that the future plans in respect of these areas had not been adequately established. Additionally, the regulations or policies for the recruitment, appointment, induction and support for staff do not ensure that staff are appropriately qualified and skilled, and the governance process that underpins the development of staffing policies is unclear. The team was unable to establish adequately that all staff had been recruited, appointed, inducted and supported according to the College's regulations or policies, for example in terms of the requirement that academic staff should have a teaching qualification (or be supported to achieve one).

208 The team was also concerned about some issues identified with contracts and the policy on staff retirement, which suggest that the College's staffing processes are not informed by good human resource practice and a full understanding of current legislation. The flexible nature of the staff contracts currently in use is such that the approach to staffing

may lead to lack of continuity in providing sufficient appropriately qualified and skilled staff. The team found that senior management were unclear of any risks inherent in their staffing model and how any changes in the staffing base would be effectively managed.

209 The assessment team therefore does not have confidence that the College's approach to staffing will ensure that it has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The assessment team concludes, therefore, that the Core practice is not met.

210 Based on the range of evidence reviewed, the assessment team has a high degree 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

211 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.

212 The QAA assessment 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

213 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Business Development Plan [005]
- b Access and Participation Statement [002]
- c Equality and Diversity Policy [055]
- d Academic Board minutes [035,037,133]
- e Board of Directors Terms of Reference [027]
- f Academic Board Terms of Reference [029]
- g Executive Management Board Terms of Reference [028]
- h Board of Directors Meeting minutes [134]
- i Student Submission video [087]
- j Student Representative Committee Terms of Reference [032]
- k Student survey data [155c-f]
- l ISI Report June 2018 [001]
- m Business Development Plan [005]
- n Pearson Annual Management Review Reports [042-044]
- o Pearson External Examiner Reports [045-047]
- p Role descriptors - Student Welfare Officer [022] and Academic Manager [023]
- q Student Handbook [063]
- r Student Services and Support functions [118]
- s Pastoral Support Policy [072]
- t Staffing plan [099]
- u Learning Resources for the course Level 7 Strategic Management & Leadership [138]
- v Careers Support [139]
- w Skills audit form [139a]
- x ASC Team Meeting minutes for Purchase of Resources [115]
- y Staff recruitment records [S3,143-47]
- z Response to evidence requests [000d,000f]
- aa Meeting with students [M3]
- bb Meetings with staff. [M4,M6]

How any samples of evidence were constructed

214 No sampling was necessary for this Core practice. The team considered all available sources of information on student views in order to identify their views regarding facilities, learning resources and support services.

215 The team was able to consider the job descriptions of all staff in order to determine whether roles are consistent with the delivery of a high-quality learning experience.

Why and how the team considered this evidence

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

217 The assessment team considered the Business Development Plan, [005] Access and Participation Statement, [002] Equality and Diversity Policy, [055] Academic Board minutes, [035,037,133] and met senior staff [M1] to identify how the College's facilities, learning resources and student support services contribute to delivering a high-quality academic experience.

218 The assessment team considered the College's plans for facilities, learning resources and student support services, in particular the College Development Plan 2021-2023, [005] Academic Board Terms of Reference, [029] Board of Directors [027] Terms of Reference, Executive Management Board, [028] Board of Directors Meeting minutes, [134] Team Meeting minutes for Purchase of Resources, [115] Learning Resources for the course Level 7 Strategic Management & Leadership, [138] and met staff [M4] to identify how the College's facilities, learning resources and student support services contribute to delivering a high-quality academic experience.

219 The assessment team considered students' views, in particular the meeting with the students, [M3] and the Student Submission video, [087] the Course Handbook, [063] Student Representative Committee Terms of Reference, [032] and student survey data [155c-f] to identify students' views about facilities, learning resources and support services.

220 The assessment team considered the ISI Report June 2018, [001] Business Development Plan, [005] Pearson Annual Management Review Reports, [042-044] and Pearson External Examiner Reports [045-047] to identify third party views about the College's facilities, learning resources and student support services.

221 The assessment team considered the College's job roles, structures and resources, in particular the roles of the Student Welfare Officer [022] and the Academic Manager, [023] records of staff recruitment, [S3,147] the Student Handbook, [063] Student Services and Support functions, [118] Pastoral Support Policy, [072] Staffing plan, [099] career support, [139] and skills audit form [139a] to identify the College's facilities, learning resources and student support services in order to determine whether the roles are consistent with the delivery of a high-quality learning experience.

222 The team met staff [M4] to assess whether staff are appropriately skilled and qualified, and understand their roles and responsibilities.

223 The team had was provided with a real-time virtual tour of the College's resources and facilities [Resource Tour] in order to assess whether facilities, resources and services deliver a high-quality academic experience.

What the evidence shows

224 The assessment team's analysis of the evidence led to the following observations.

225 The College's mission statement as seen in the Access and Participation Statement [002] states that it is 'committed to providing affordable high-quality learning, training opportunities for personal employment, community development and enrichment'. The College's Business Development Plan [005] states that, to ensure that it has sufficient and appropriate facilities and learning resources and student support services, it will 'establish and develop a strategy for the next five years for widening access to higher education, supporting students to progress and achieve at their chosen programme'. Combined with the College's Equality and Diversity Policy, [055] the assessment team found that this indicates that the College has a demonstrable commitment to diversity and inclusivity. The plan further demonstrates a commitment to developing the College's resources to maintain and expand its physical buildings and technology, to maintain its high-quality staff, expand its offer to include blended and distance learning, to recruit highly qualified staff, to develop a partnership with a UK University for progression and higher qualifications, and to support students in preparing for employment and provide guidance for career development. It further notes the College's intention to improve and increase learning resources to meet the needs of its expanding numbers of students from underrepresented groups.

226 The Terms of Reference of the Board of Directors [027] make it clear that the Directors have overall responsibility for the development and implementation of the Business Development Plan. [005] The Executive Management Board [028] is responsible for monitoring and implementing the College's Business Development Plan including critical success factors, performance, risk and advising the Board of Directors on the strategic direction of the College. Evidence was seen in minutes of the Board of Directors Meeting [134] of College resources being considered and enhancements being made to student resources, although there was no evidence of a formal budgeting process linked to the College Development Plan [005] and strategic planning. While it was too soon to judge the overall effectiveness of the College Development Plan [005] in respect of resources and resource planning, the team found the plan to be lacking in sufficient detail at this stage.

227 No formal plans were presented to the team indicating how resources would be developed to support the student number increases and how any identified need for larger premises would be addressed. Mention was made [M4,Resource Tour] of the College being able to obtain rooms adjacent to its current teaching facilities, but no evidence was presented to support this. Staff [M4] stated that, as a small provider, they can work flexibly to manage budgets related to student numbers. An example of this is a team meeting [115] which discussed resources at an operational level relating to purchasing resources immediately for students who require them. The issues identified (related to a need for additional texts for English language classes) had been raised by students who were currently relying on printouts provided by staff. The issues were responded to by the College through additional purchases of books. Although this demonstrates that the College responds to identified student needs, it also indicates an approach to purchasing learning resources that was reactive rather than strategic.

228 Students [M3] stated that they appreciated the one-to-one support offered by the College. Students commented that the learning resources, including the VLE, are sufficient and that they were able to access all they needed to be successful. They had not had experience of the Student Support programme offered by the College and therefore did not

comment on the pastoral support provided. The only issues that the students had raised with the College were related to the availability of books in the library, which the College resolved by purchasing more books, and an issue related to the VLE which was also resolved quickly. The Student Submission video [087] also commented very favourably on student views of the resources and support available to them. The team found that students regard facilities, learning resources and student support services as sufficient and appropriate.

229 The College currently relies primarily on informal and one-to-one mechanisms for gathering student views. There is a Student Representative member of Academic Board [029] and the minutes demonstrate that there are discussions at meetings of issues raised by students. [035,037,133] The College proposes to introduce the Student Representative Committee [Terms of Reference and Constitution 032] from September 2022. The Student and Course handbooks [063-065] state that the College conducts a student survey at the end of the academic year to identify areas of improvement and monitor key performance indicators. No completed student survey data was initially supplied to the team, and as noted in paragraphs 171-72, there was some confusion between the staff team regarding plans in this area, including the nature of the surveys that had actually been issued. A small number of completed student surveys was provided during the visit. [155c-f] These were all positive and no issues regarding resources were raised. The team concluded that, while the current students were satisfied with the resources available to them, the level of one-to-one support is unlikely to be tenable if student numbers increase to the 85-110 predicted by 2024.

230 The College provided a third-party endorsement from the Independent Schools Inspectorate (ISI) Report in June 2018. [001] While the ISI report [001] does not relate to higher education it does comment favourably on the student welfare and indicated that the College is well maintained and provides a high quality, safe and secure place to work and study. It goes on to note that students reported that they feel safe at the College and that pastoral support for students is good. The report also mentions that students had confirmed they feel well supported and were clear on how to access pastoral support. The ISI report notes that while the Business Development Plan [005] identifies actions to enable the College to achieve the plan's objectives, the dates for achieving them were not specific.

231 Pearson guidance states the need for providers to ensure sufficient material resources and suitable workspaces to deliver its courses. The Pearson AMR reports [042-044] and external examiner reports [045-047,093] indicate that the College provides adequate resources as required by Pearson and meets quality objectives including those concerning physical resources. There have been no identified essential actions or recommendations relating to resources. The team found that Pearson AMR and external examiner reports indicate that facilities, learning resources and student support services are sufficient and appropriate.

232 The Student Services and Support functions, [118] the College's website and the Student Handbook [063] refer to a Student Services Team which covers Financial Support and Guidance, Confirmation Letters, Applying for universities, Course options and Career guidance, Support on personal and social issues, Counselling, One-to-One Support, Academic Support, Employment Support, Health and Safety issues. The employee list indicates there is currently one staff member involved directly in student support, namely the Student Welfare Officer, [022] who provides a support and advice service to students. The role description of the Student Welfare Officer [022] indicates that the role has overall responsibility for pastoral support of students.

233 The Academic Manager [023] role description has a wide and varied range of responsibilities for delivering both academic and pastoral support for the students and managing general administrative functions. The team noted from staff CVs [143] that staff had limited experience in supporting higher education students prior to joining the College

and that no training had been provided to staff to undertake their respective roles in supporting students. The team was told that an additional academic tutor has also been given some responsibilities for student support and carrying out the role of Student Adviser. [M5] The postholder stated that this would involve pastoral support generally and assisting students with, for example, personal issues, accommodation, English support and counselling. From the recruitment records for the member of staff concerned, [147] the team established that, although the job description for the post of Student Adviser includes a number of areas of student support, the contract of the member of staff is as an English tutor and makes no reference to the Student Adviser role. The team was also informed that the postholder has not had training for the student support aspects of the role but the Principal said that some support and training would be provided. [M5] As noted in paragraph 198, the team was provided with limited information on development opportunities available to staff, and was therefore concerned as to how the College ensures that staff are supported to undertake their roles. The team was told that the College plans to recruit to additional posts to provide experienced student support staff; [M5,000f] however, these plans are not as yet documented.

234 The staffing plan [099] indicates anticipated growth in student numbers for the next three years from current numbers (3 students) to 85-110 students in 2024; however, no reference is made to increasing the welfare support offered to students. Student Services and Support functions, [118] Pastoral Support Policy, [072] staffing plan, [099] career support, [139] and the skills audit form [139a] did not provide a clear structure to the student support functions at the College. Career support documentation [139] indicates that the College will have career guidance and a placement officer to provide career services to students. In the staffing plan, [099] however, the placement officer is indicated as being dedicated to the proposed Social and Community Work programme. The team found that there was some lack of clarity about roles and responsibilities for providing all the identified student support, particularly about the arrangements for supporting students with issues outside of the expertise of the current staff. Staff told the team that they would refer students through external mechanisms for support should it be required, for example for counselling; [M5] however, details of those arrangements were not provided. Staff also referred to future recruitment of a staff member with the necessary experience and knowledge to be able to refer students to external sources of help, for example in relation to learning needs, mental health or disability, [M5,000f] but this role is also not included in the staffing plan. [099] The assessment team did not receive sufficient evidence to demonstrate that the roles, experience and training of staff, and the staffing plans relating to student support, were consistent with the delivery of a high-quality learning experience.

235 Students who met the team made no reference to the Student Support Team or Student Welfare Officer, [M3] while they were clear they had received academic support and support for English language. They expressed satisfaction with the College VLE and the resources posted by tutors onto the VLE. Other resources, such as books and research papers, were not always easily available and students sometimes had to ask for them. Students were unaware of any support regarding careers advice as they were unsure if there was a careers department, but they felt able to approach academic staff including the Principal for help with CV-writing.

236 A virtual tour was undertaken of the resources and facilities. [Resource Tour] The College has three teaching rooms all in a lecture-style layout with whiteboards and projectors; the IT and library facilities were located within one of the teaching rooms which means that students would be unable to gain access if classes were being held. The College acknowledged that it currently has a small in-house library [M4] but informed the team that resources would be increased as numbers increase. In response to an evidence request for further detail on the learning resources that are available to students and through which sources these are provided [000d] the team was informed that students are given printed

notes and VLE resources and guided to find online resources such as articles, research papers, and HN global; and some evidence was provided [138] of the resources to support the level 7 programme. Staff also told the team that the College is seeking to expand eBooks, but that it had found that mature students often prefer to have hard copies so it would be bearing this in mind in its purchasing strategy. Staff indicated [M4] that they try to encourage students to seek out free resources and use open access sources, encourage use of free online libraries and Nottingham's public libraries; and that staff also provide notes and presentations on the VLE.

237 The IT facilities currently comprise eight desk-top computers with two laptops available on request. There is limited office and staff desk space and the team was told that staff tend to work at home when they are not teaching. There is limited space for private conversations and the team was told during the resource tour that most confidential discussions were currently taking place online. There was no evidence of social spaces other than a small refreshment facility for staff and students. There are no private study spaces for students, should they be required. Staff told the team that they could lease extra classroom space when the College expands if student numbers warrant it, but no evidence was provided to support this. At the final meeting the College was asked whether it could provide further evidence of plans relating to developing and enhancing physical and learning resources to support increased student numbers, but did not provide any further evidence of documented plans in these areas. [M6] The assessment team concluded that the facilities and resources available to students would not deliver a high-quality academic experience as the College has limited resources and space and does not have a formal resource strategy for further development of the facilities, learning resources and student support.

Conclusions

238 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

239 External examiners confirm that the College provides facilities that are sufficient for current student numbers and students have a positive view of the facilities, learning resources and support services. Although the College articulated an in-prospect resource strategy, it does not have a credible formal resources strategy for the further development and maintenance of facilities and was unable to provide credible plans to develop its learning resources and student support services. The student support arrangements are not adequate for the size of the planned higher education provision and although the College indicated plans to recruit additional staff, the documented staffing plans provide no information on proposed new staff roles for student support.

240 There was some lack of clarity regarding staff roles and responsibilities in supporting students. Staff do not hold specific qualifications relating to aspects of student support, and there was limited evidence that support staff have appropriate qualifications and training; however, it was confirmed that suitable arrangements can be made, where necessary, for the referral of students to specialist external support services and that the College intends to recruit additional staff to support these processes in future. These plans are, however, not documented.

241 The team's assessment of facilities, learning resources and support services confirms that the College cannot offer a high-quality academic experience for its planned

student numbers because of limited provision of library facilities and learning resources and lack of a defined strategy to expand facilities and provide the full range of support mechanisms for students. The assessment team found that although the College has sufficient resources to support its current small student numbers, it did not demonstrate that it will have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience for its planned growth in student numbers. This Core practice is, therefore, not met.

242 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

244 The QAA assessment 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

245 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Provider Submission [000]
- b Academic Board Terms of reference, constitution and reporting lines [029]
- c Academic Board minutes [035, 037]
- d Student Representative Committee Terms of Reference and Constitution [032]
- e ASC Course Handbook Extended Diploma Strategic Management and Leadership [065]
- f ASC Student Handbook 2021-22 [063]
- g ASC HNC/HND Course Handbook [064]
- h ASC Course Handbook Extended Diploma Strategic Management and Leadership [65]
- i ASC Student Charter [076]
- j ASC Pearson Action Plan 2021-22 [110]
- k ASC Revised Additional Evidence Response [000c]
- l Student Representative Handbook [116]
- m Student Representative Policy [117]
- n Annual Monitoring Policy [131]
- o Committee Terms of reference - Programme Committee, [030] Student Representative Committee, [032] Academic Board, [029] Executive Committee [028]
- p ASC Student Submission (video).mp4 [087]
- q ASC Student Course Survey Template [123, 155b]
- r ASC Student Induction Survey Template [155a]
- s ASC Student Course Survey Template [155b]
- t ASC Student Course Survey Term 1 HNC [155c]
- u ASC Student Course Survey Term 2 HNC [155d]
- v ASC Student Course Survey Term 3 HNC [155e]
- w ASC Student End of Course Survey L7 [155f]
- x Annotated version of committee structure [156]
- y Student Support [158]
- z Response to evidence requests and queries - following desk-based analysis, October 2021 [000c] and during the visit [000g]
- aa Meeting with students [M3] and Student Submission [087]

bb Meetings with staff [M1, M2, M5]

How any samples of evidence were constructed

246 No sampling was necessary for this Core practice as the team was able to consider all internal surveys in order to identify student views about their engagement in the quality of their educational experience.

Why and how the team considered this evidence

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

248 To assess how the College actively engages students in the quality of their educational experience, the team considered the Academic Board Terms of reference, constitution and reporting lines, [029] Student Representative Committee Terms of Reference and Constitution, [032] Academic Board minutes, [035, 037,133] ASC Student Handbook 2021-22, [063] ASC HNC/HND Course Handbook, [064] ASC Course Handbook Extended Diploma Strategic Management and Leadership, [65] ASC Student Charter, [076] ASC Pearson Action Plan 2021-22; [110] ASC Revised Additional Evidence Response, [000c] Student Representative Handbook ,[116] Student Representative Policy, [117] and ASC Student Submission (video). [087]

249 To assess whether the College has credible, robust and evidence-based plans for engaging students individually and collectively in the quality of their educational experience, the team considered Academic Board Terms of reference, constitution and reporting lines, [029] Terms of Reference of Programme Committee [030] and Executive Committee, [028] Academic Board minutes, [035, 037,133] Student Representative Committee Terms of Reference and Constitution, [032] Annotated version of the committee structure, [156] ASC Student Handbook 2021-22, [063] ASC HNC/HND Course Handbook, [064] ASC Course Handbook Extended Diploma Strategic Management and Leadership, [065] Annual Monitoring Policy [131] and the ASC Student Charter. [076]

250 To understand the impact of the College's approach to student engagement, the team considered its response to a request for examples of changes or improvements made as a result of student engagement. [000c]

251 The assessment team met members of staff [M1, M2] to understand the College's plans for student engagement.

252 The team viewed the Student Submission video, [087] met students [M3] and considered examples of student questionnaires, [155 and 155b-f] in order to understand whether they consider they are engaged in the quality of their educational experience.

What the evidence shows

253 The assessment team's analysis of the evidence led to the following observations.

254 The Provider Submission [000] indicated that, given the current student numbers, the College has been operating student engagement on a one-to-one basis, meeting

individual students to discuss their learning experience. The College recognises that this model is not sustainable once student numbers increase and has put in place plans for student engagement that will support growth in numbers, including developing its academic governance structure to include student engagement in committees and developing arrangements for formal student surveys. Meetings with staff [M1, M2] indicated that there are plans to provide a more rigorous process for considering student views but that currently, with such small student numbers, the student staff ratio is such that students can directly raise any concerns or provide feedback directly with any lecturer or the Principal.

255 There is currently no formal training for student representatives; [M1] however, there is a Student Representative Handbook, [116] which is detailed and has clear information on responsibilities, an indication of boundaries, and information on lines of reporting. There is an intention that as student numbers and courses grow, a briefing session will be provided for student representatives. [000c, M2]. The Principal informed the team [M2] that the training would be delivered by the Director of Quality, who indicated that they planned a cascade approach through training Programme Leaders who would then undertake the training of student representatives.

256 The Terms of Reference for Academic Board [029] set out its responsibility for the oversight of all academic work at the College, and its role in advising the Principal and Board of Directors; the Board may also receive and provide advice and guidance to and from the Executive Management Board. Two student representatives (one for higher education programmes and one from further education programmes) are members of the Academic Board. Matters considered by Academic Board include a range of issues including teaching, learning and assessment, enhancement of the student learning experience, admissions and registration, attendance, retention, progression and achievement, student academic misconduct, complaints and academic appeals, course review, monitoring and annual reporting. Academic Board minutes [035, 037, 133] demonstrate that a student representative was present at the three meetings for which minutes were provided. The minutes indicate that there is an item on student feedback and that the student in attendance [035, 037, 133] comments on issues such as teaching and learning, student support and feedback on assessed work. The representative has also commented on how effective students felt the changes made due to COVID were, and that the College had responded positively to the pandemic.

257 In addition to Academic Board, committee Terms of Reference indicate that student representatives will also be members of the Programme Committee [030] (which is responsible for oversight and operation of all programmes of study) and the Student Representative Committee [032] (which provides opportunities for student representatives to contribute to consideration of the student learning experience at the College). As set out in an annotated version of the committee structure [156] which clarified to the team which committees were currently taking place and which were planned, it was confirmed that given the College's current situation and very small student numbers these two committees are not currently operational but will be implemented from September 2022.

258 The College has a Student Charter [076] that sets out expectations of students and, in turn, what they can expect from the College. The Student Handbook [063] and the course handbooks [064, 065] have a section on Learner Voice, which outlines that student representatives will be appointed, and that the College conducts a student survey at the end of the academic year. However, the information provided is not comprehensive and the process and timing of each is not described, nor are students directed to a location on the VLE or the website where additional information might be sourced. The Student Charter [076] makes explicit reference to the opportunities for students to give feedback about the quality of the programmes, facilities, and services, and the College's commitment to respond to feedback in a clear and transparent manner, acting upon it wherever possible. The

assessment team found the information provided was lacking in detail in that no information was provided on how and when this feedback would be collected nor how students could obtain additional information on the process. However, the team accepted that this information is likely to become more detailed once the College's student engagement plans are fully implemented from 2022.

259 The Student Representative Committee Terms of Reference and Constitution [032] indicates that notes of meetings will be made available to all students via the VLE and will also be considered at Academic Board and Executive Committee. The College has a Student Representative Policy [117] that provides a relatively brief overview of its approach to student representation, indicating that up to two student representatives will be elected for each cohort (if student numbers are fewer than 10 there will be one representative). The policy also sets out expectations that there will be student representation on Academic Board, and on a Student Representative Committee which will meet at least twice a year and will be chaired by a student. The team considers that the proposed plans for engaging students collectively in the quality of their academic experience are credible and likely to be effective.

260 Following the initial desk-based analysis of the College's documentation, in response to a written request for information on plans for student surveys [000c] the team was told that to date, bearing in mind the very small student numbers, the College has not found it necessary to use formal surveys and that any student issues could be picked up immediately. The College further stated [000c] that it proposed to operate two types of student survey - an induction survey and a course learning experience survey. A template [123] for a course survey was also provided. The team was further told that should student numbers grow the College plans to implement formal summary reports on student surveys for consideration by appropriate governance committees.

261 Although the team had been told [000c] that surveys had not yet been implemented, it was apparent from the student meeting [M3] that the students had completed some surveys which they described as end-of-unit feedback, and one student had completed an end-of-year survey. In discussing this with staff [M5] there was some lack of clarity and inconsistency as to when student feedback surveys had been completed and considered, and the nature of the surveys that the College planned to use. The assessment team requested copies of the surveys that had been issued and was provided with a further copy of the course survey template, [155a, duplication of 123 already provided] an induction survey template [155b] and completed surveys. [155c-f] The completed surveys were all positive, but the team was concerned that there was not a consistent understanding across the senior staff of the nature of the surveys and whether or when the surveys had been implemented. Furthermore, no evidence was provided to indicate how the responses were recorded and reported.

262 In a subsequent written clarification provided during the visit, [000g] the College confirmed that an induction survey will be issued to all new students at the end of the induction period, that module/unit surveys will be carried out at the end of each module/unit; and that a course survey will be administered at the end of each academic year. Reports on the outcomes of these activities will be considered at the appropriate Programme Committee and Student Representative Committee, and summary reports and action plans will be considered at Academic Board, discussed at Executive Board, and will feed into the annual monitoring processes. The team confirmed that the Terms of Reference of the relevant committees [030,032,028,029] clearly indicate their role in considering the outcomes of student feedback through surveys, and that the annual monitoring process [131] is evidence of plans for student feedback to be fed into monitoring. Despite inconsistency in testimony, the team considers that the College's proposed approach to engaging students individually is credible and if implemented as described would potentially be effective.

263 Students indicated [M3,087] that they were satisfied with the arrangements for student engagement, felt that their views were taken into account and that issues raised had been responded to in a timely matter. One student was a student representative and had attended Academic Board. Students confirmed that the representative would meet with students on a monthly basis and would ensure that their views were taken forward to Academic Board. The representative also indicated that they could, if necessary, arrange meetings with College managers to pass on any more immediate issues or concerns. The assessment team found that students consider that the College effectively engages them in the quality of their educational experience.

264 To illustrate the impact of the College's approach to student engagement, the assessment team requested information on examples of the College changing or improving provision as a result of student engagement. The College provided two examples [000c] - one relating to students requesting additional books, which were purchased, the other relating to the use of blended learning through the College VLE. The team asked staff and students [M2, M3] about how these issues had been picked up and responded to and found that they evidenced the current system whereby students had approached staff directly about the issues raised. The team concluded that these examples provided evidence that the College had listened to students and responded to matters raised. The College informed the team that it plans [M2] to implement the use of 'you said, we did' posters in order to identify actions taken in response to student feedback, in addition to feeding back through the Student Representative Committee. The assessment team found that there are examples of the College changing and improving learning experiences as a result of student engagement.

Conclusions

265 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

266 The assessment team concludes that the College has credible plans to actively engage students, individually and collectively, in the quality of their educational experience. Currently student representatives have been appointed and end of unit and term surveys have been implemented. Given the current small number of students, the staff team actively engages with each student individually on their learning experience and students were very happy with this arrangement. The College is, however, developing more formal arrangements - a student representative is a member of the Academic Board; and the Programme Committee and Student Representative Committee (which the College proposes to implement from September 2022) will also include student members. There is a Student Representative Handbook and the College plans to train student representatives to support them in their role.

267 There are also plans to strengthen the reporting mechanisms when student numbers grow, for example to utilise surveys and questionnaires to elicit views from across the student body, and plans for the outcomes of these to feed into the annual monitoring processes and through the committee structure. There are also plans for communication with students on actions taken in response to their feedback through, for example, the VLE and newsletters. Although these plans are not yet fully documented, and during the visit the team found there were some discrepancies in testimony particularly regarding plans for student surveys and questionnaires, the assessment team nevertheless found there to be a

clear intention to engage students in their educational experience, robust plans for the involvement of students in the governance committees and an intention to provide training and support for student representatives. The assessment team therefore considers that there are credible plans to actively engage students in the quality of their educational experience. The assessment team concludes, therefore, that the Core practice is met.

268 Having considered all the evidence the team concludes that while the current process for student engagement is adequate for the very small numbers currently registered, further work is needed to develop the more formalised documented systems and processes that will support engagement within the proposed expanded student numbers. The team's understanding of the future plans in relation to student engagement relies to some degree on oral testimony, and there were some inconsistencies in that testimony regarding the plans for student surveys. The planned arrangements for considering student survey outcomes through governance committees and in annual monitoring have not yet been tested. The assessment team therefore has moderate confidence in its judgement.

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

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

270 The QAA assessment 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 QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Anglo Skills College QAA QSR Provider Submission [000]
- b ASC Student Complaints Policy and Procedure [077]
- c ASC Academic Appeals Policy and Procedure [054]
- d ASC Academic Appeals Policy [078]
- e ASC Academic Appeal Flowchart [079]
- f ASC Academic Appeals Form [080]
- g ASC Student Handbook 2021-22 [063]
- h ASC HNC/HND Course Handbook [064]
- i ASC Course Handbook Extended Diploma Strategic Management and Leadership [065]
- j Pearson Academic Management Review Reports 2017-2018 [042-044]
- k ASC Pearson Action Plan 2021-22 [110]
- l ASC Student Submission (video).mp4 [087]
- m ASC Revised Additional Evidence Response [000c]
- n ASC Complaints Procedure revised [157]
- o Quality Manual [089]
- p Senior Staff meeting [M1]
- q Staff meeting [M2]
- r Student meeting [M3]
- s Meeting with staff. [M5]

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

273 As the College has had no formal complaints or appeals, it was not possible for the team to consider examples of specific complaints and appeals.

274 As the College has had no formal complaints or appeals, and does not currently have a process for formally recording any informal complaints or appeals, the team was not able to consider information on the number and type of complaints and any outcomes.

How any samples of evidence were constructed

275 As the provider informed the assessment team that it has received no complaints or academic appeals, it was not possible to look at examples of specific complaints and appeals.

Why and how the team considered this evidence

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

277 To identify the College's processes for handling complaints and appeals and to confirm that these processes are fair and transparent, the assessment team considered the Anglo Skills College QAA QSR Provider Submission, [000] ASC Student Complaints Policy and Procedure, [077] ASC Academic Appeals Policy and Procedure, [054, 157] ASC Academic Appeals Policy, [078, 157] ASC Academic Appeal Flowchart, [079] the ASC Academic Appeals Form, [080;] ASC Student Handbook 2021-22, [063] ASC HNC/HND Course Handbook, [064] ASC Course Handbook Extended Diploma Strategic Management and Leadership, [065] Pearson Academic Management Review Reports, [042-044] Pearson Action Plan, [110] ASC Revised Additional Evidence Response, [000c] Quality Manual, [089] Senior Staff meeting, [M1] Staff meeting, [M2, M5] Student meeting, [M3] and ASC Student Submission (video).mp4. [087]

278 To assess whether the College has credible, robust and evidence-based plans for developing and operating fair and transparent procedures for handling complaints and appeals which are accessible to all students, the assessment team considered Anglo Skills College QAA QSR Provider Submission, [000] ASC Academic Appeals Policy and Procedure, [054, 157] the ASC Student Complaints Policy and Procedure, [077] ASC Academic Appeals Policy, [078] ASC Academic Appeal Flowchart, [079] the ASC Academic Appeals Form, [080;] ASC Student Handbook 2021-22, [063] Senior Staff meeting, [M1] Staff meeting, [M2, M5] Student meeting. [M3]

279 To assess whether information for potential and actual complainants and appellants is clear and accessible, the assessment team considered the ASC Revised Additional Evidence Response, [000c, p18] Student video, [087] Senior Staff meeting, [M1] Staff meeting, [M2, M5] Student meeting. [M3]

280 To identify students' views about the clarity and accessibility of the College's complaints and appeals procedures, the assessment team met students to discuss their experiences. [M3]

What the evidence shows

281 The assessment team's analysis of the evidence led to the following observations.

282 The assessment team considered the College's processes for handling complaints and appeals through assessing its Complaints Policy and Procedure, [077,157] the Academic Appeals Procedure, [054] Academic Appeals Flowchart, [079] and Academic Appeals Form. [080] During the review process the team was provided with two versions of the Complaints Policy and Procedure. The team found that the first, provided with the initial

documentary submission, [077] contained some errors and issues which were potentially confusing. For example, the policy included a section on academic appeals, there was a confusing reference to a 'College external adjudication panel' and there was no reference to external escalation either to Pearson or the Office of the Independent Adjudicator (OIAHE); there were also roles referred to that do not currently exist (for example Quality Assurer and Chair of Governors). The team also noted that in the event that a complaint relates to the Principal, the investigation process would be led by the Chair of Governors; however, there is currently no Board of Governors and the Chair of the Board of Directors is also the Principal. It was therefore unclear how conflicts of interest in the process would be resolved.

283 The assessment team raised these issues with the College [M5] and it became apparent that the Director of Quality believed that the team had not been provided with the most up-to-date version of the complaints documentation and that there was a later version that they had produced. After the meeting, the College provided what the team was told was the current version. [157] However, the team noted that this version is dated 2019, with review due in 2020, whereas the version provided with the initial submission [077] was undated but with a review date of 2022 suggesting it was a 2021 version and therefore the most recent one. Furthermore, the version of the procedure on the College's website at the time of the visit was the version originally provided to the team. [Web1] The team noted that the revised version [157] did not include some of the issues that the team had identified in the version originally provided (in particular, the section on academic appeals and on the internal adjudication panel), and it is indicated that in the case of a complaint relating to the Principal another independent person would consider it. However, the revised document includes no information on external escalation and still refers to the Chair of Governors considering any final appeal on the grounds of procedural irregularity; there is also a contradictory statement that, if the student remains dissatisfied after going through all stages, they should contact the Principal.

284 The complaints procedure [157] has three stages: the first is informal complaint directly to the member of staff responsible; the second stage is submission of a written complaint to the Principal who arranges an investigation, either taking place as a documentation-based process or where necessary a complaint hearing will be held; following this, the complainant can appeal to the Chair of Governors if they believe there has been any significant failure to follow procedures. However, as noted above, at present there is not a Board of Governors and the equivalent position is the Chair of the Board of Directors, who is also the Principal. The Complaints Policy and Procedure includes details of each stage, with stage 1 being completed within 10 days and stage 2 normally being completed within two calendar months.

285 The team found the sections of the complaints procedure [157] on parameters and categories potentially confusing, as there is an indication that complaints about facilities should be referred to the 'Administration Office Student Association' which would consider the matter and, if still dissatisfied, students could refer the matter to the Principal via their representative. It is also stated that 'the Student Complaints Procedure may not be appropriate if the complaint concerns the process or content of an established College policy or procedure relating to an academic or service department' but the meaning of this statement and its implications for students considering making a complaint are not further expanded on. The team raised with staff the issue of the reference to the Chair of Governors carrying out final review of a case as no such role exists and the Principal is the holder of the equivalent position of Chair of the Board of Directors, and it is therefore unclear who would be responsible for the final review were a complaint to be against the Principal. The staff recognised [M5] this issue and indicated an intention to separate the role across two people. From its consideration of the Complaints Policy [157] the team was concerned about the omission of details on the rights for external escalation, some lack of clarity in terms of scope and parameters, lack of clarity concerning the Principal's involvement in the processes, and

issues concerning internal version control and consequently about processes for approval and maintenance of the policies and procedures. The team therefore considers that information for potential and actual complainants is not sufficiently clear.

286 The College's Academic Appeals Procedure [054] is supported by the Academic Appeals Flowchart [079] together with the Academic Appeals Form. [080] The first stage of the appeals process is informal conciliation. In the event that the student remains dissatisfied after the conciliation stage, the student can submit a formal written appeal. The procedure [054] is described as having four stages, although the second stage is an assessment by the Principal as to whether there is a prima facie case for an appeal, which is then allowed to proceed to an appeal panel stage which is Stage 3 (although the appeals flowchart [079] indicates that it is the Director of Quality who makes this decision). Stage 4 is a final appeal against the outcome of Stage 3 on the grounds of procedural irregularity. The flowchart provides a visual representation of the appeals process and indicates the timescales within which a student must initially launch an appeal; however, it does not indicate further timescales for the other stages in the process, for example in terms of the time within which the College commits to respond to the student. The Appeals Procedure itself indicates a timescale for the student to be notified of the decision on whether their appeal will be progressed (5 working days) and within which an appeal panel should be convened (15 working days), but it does not indicate a timescale in which the panel is expected to confirm its decision or for communicating the outcome to the student. Therefore, although some details of timings are provided, the documentation on appeals does not provide complete information for students on how long the process will take and it was not possible for the team to confirm that appeals would be considered in a timely manner. The team considers that information for potential and actual appellants is not sufficiently clear.

287 The Academic Appeals Procedure [056] contains some errors, including reference to a post that does not currently exist (Vice-Principal) and an Academic Standards Board (which, the team was told by staff [M5] should have stated Assessment Board). The procedure includes reference to the right to refer the issue to the OIAHE if the student remains dissatisfied with the outcome after completion of College procedures. There is, however, no reference to any right of appeal to Pearson. The assessment team noted that for academic appeals [078,079] the membership of the appeals panel includes at least one person who has been trained in or has experience of equality and diversity issues; however, the team saw no evidence of equality and diversity training being provided for staff. In addition, the appeals procedure states that the Principal attends the panel meeting as an adviser, but also considers any final representation against the outcome of the appeal process on the grounds of procedural irregularity. The assessment team considers that the involvement of the Principal in appeals, as an adviser to the panel meeting as well as in considering any final representations, constitutes a lack of independence in the process which could undermine its integrity.

288 The team found that the complaints procedure [157] makes no reference to escalation to the OIAHE, and that neither the complaints nor appeals procedures [054,157] refer to the right to escalate issues to Pearson. Staff told the team [M5] that although ASC does not subscribe to the OIA the right to escalate is already in the documentation so would only require the College to subscribe if it achieves OfS registration. The team noted that although the Appeals Policy refers to the right to escalate to the OIAHE, the Complaints Policy [157] does not. The team also noted that while the Provider Submission [000] acknowledged the right of students to submit a complaint or appeal to Pearson, there is no reference to this in either policy. [157,054] At the visit staff [M5] indicated their understanding that although students can submit a complaint or appeal to Pearson, providers are expected to have sufficiently robust internal procedures and that Pearson would refer the issue back to the College for a response. The team considers that the documentation lacks clear and comprehensive information on the opportunities for students to escalate complaints and

appeals to Pearson and the OIAHE.

289 The assessment team noted a recommendation from Pearson [044] in its annual report on the College (March 2021), which states that 'The Staff and Student handbooks provide information regarding raising an appeal, complaints and what is considered professional and academic malpractice. An investigation process is included in the relevant policies, staff and student handbooks, though consistency of descriptive details across the documentation might be helpful to stakeholders'. The College's Pearson action plan [110] includes an action to respond to this issue by September 2021, prior to the issuing of handbooks for the 2021-22 academic year. The team found that the staff handbook [101] has a short section headed 'Handling student appeals and complaints' but that this includes brief information relating only to complaints. The Student Handbook [063] makes no reference either to complaints or appeals, although there is a reference to regulatory documents being available on the website. The course handbooks [064,065] do not refer to complaints and have a short reference to appeals stating 'You have the right to appeal any assessment decisions first to the ASC assessment board. Please refer to the ASC policy for further information'. The assessment team considers that information on complaints and appeals in staff and student handbooks is not consistent and is insufficiently comprehensive.

290 The lack of information in staff and student handbooks, the issues relating to version control, the lack of a complete timeframe for appeals, incomplete or absent information regarding escalation to Pearson and OIAHE, and concerns about independence in the academic appeals process because of the Principal's role as an adviser as well as considering representations on procedural irregularity grounds, mean that overall the team does not have confidence that the College's plans for fair, transparent and accessible procedures are robust and credible.

291 The assessment team was told in written responses to questions [000d] that the College has received no formal complaints or appeals and that 'At present with such small numbers of higher education students often involving one-to-one teaching any issues are picked up immediately and acted upon'. In response to a request for details of any informal complaints or appeals, the College provided no information and responded [000c] that there have been no informal academic appeals, and that the provision of clear criteria in learning briefs and discussion of grades and feedback with students ensures that students have understood the reasons for their grades. It was therefore not possible for the team to consider the levels of complaints and appeals overall and by course or type. The College's arrangements for recording informal complaints were followed up at the visit [M5] and the team was told that informal complaints are not currently recorded but that the College will create a log in future. However, no further detail was provided regarding how such a log would be maintained and used in the College's monitoring processes, and no plans were articulated beyond an acknowledgement that maintaining information on informal complaints might be helpful. Staff also indicated an intention to report formal complaints to Academic Board. [M5] However, although the Board's Terms of Reference [029] indicate a role in policy and procedure for complaints and appeals, there is no reference to it considering the outcomes of complaints. There were no examples of complaints or appeals for the team to scrutinise, therefore it was not possible to assess how well the College deals with these according to its procedures.

292 Students [M3] indicated that they were aware of the complaints and appeals procedures, and said that complaints and appeals had been discussed at induction. Although they were aware of the relevant policies and procedures, they had not had cause to use them.

Conclusions

293 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

294 There are no current arrangements for recording and monitoring the outcomes of informal complaints processes and although plans to do so were articulated in response to a meeting question at the visit no documentary evidence of such plans was provided. Given that the College has received no formal complaints or appeals, it was not possible to view examples that would enable the team to assess how the College implements its procedures and whether they enable fair outcomes. The team identified some issues with the clarity and completeness of the procedures, including errors and discrepancies, a lack of clarity about how the complaints procedure is applied to different aspects of the student experience, incomplete detail in the appeals procedure regarding timescales, and a lack of clarity on the arrangements for escalation, with neither policy referring to Pearson and the OIAHE being referred to only in the appeals procedure. The team also noted some lack of independence in the procedures in terms of the role of the Principal.

295 The team also identified issues relating to document version control, with the version of the complaints procedure on the website differing from the version presented to the team as the definitive current procedure. Staff and student handbooks contain limited information, the staff handbook including information only on complaints and the student handbooks having a very brief cross-reference to the appeals procedure but no reference to complaints. Students were aware of the complaints and appeals procedures and confirmed that they are discussed at induction, although none had used the formal procedures. Although the team recognises that at the College's current stage in its development, complaints and appeals are likely to be successfully resolved through informal mechanisms and that the formal procedures therefore do not feature prominently in the College's current practices, the College was not able to provide any evidence of monitoring and reflecting on informal complaints. The combination of issues highlighted has resulted in the assessment team concluding that the College does not have sufficiently robust and credible plans for developing and operating fair and transparent procedures for handling complaints and appeals that are clear and accessible to students. The assessment team concludes, therefore, that the Core practice is not met.

296 The team found from the available documentary evidence that the College does not have credible plans for delivering fair, transparent, and accessible complaints and appeals. The 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

297 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.

298 The QAA assessment 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

299 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Provider Submission [000]
- b Extended Diploma in Strategic Management and Leadership [011]
- c Pearson BTEC Higher National Business first teaching September 2016 [012]
- d Pearson BTEC Higher Nationals Business first teaching September 2021 [013]
- e Pearson BTEC Higher Nationals Social and Community Work first teaching September 2018 [014]
- f ASC Programme Specification for HN Business [015]
- g ASC Programme Specification for HN Social and Community Work [016]
- h ASC Academic Governance Arrangements [026]
- i Anglo Skills College Board of Directors Terms of Reference and Constitution [027]
- j Pearson Academic Management Review Reports 2017-2018 [042]
- k Pearson Academic Management Review Reports 2018-2019 [043]
- l Pearson Academic Management Review Reports 2020-2021 [044]
- m External Examiner Reports May 2019 [045]; July 2021 [046]; and September 2021 [047]
- n HNCD Business External Examiner Reports 2015 -2021 [093]
- o Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-2021 [017]
- p Pearson BTEC Higher Nationals Centre Guide to External Examination 2020-2021 [018]
- q ASC Student Submission (video) [087]
- r ASC Progression Agreement with Solent University, Southampton [019]
- s ASC Academic Regulations [091]
- t ASC Internal Verification and Assessment Policy [088]
- u ASC Quality Manual [089]
- v ASC Student Placement Policy [124]
- w Additional Evidence Response [000c]
- x Student surveys [155]

- y ASC Staff Training Plan [099]
- z Meeting with staff [M1]
- aa Meeting with students. [M3]

How any samples of evidence were constructed

300 No sampling was required for this Core practice. The team considered all available external examiner reports in order to assess whether it considers courses delivered in partnership to be of quality, thus confirming the effectiveness of the underpinning arrangements. The team also considered all available evidence of internal student surveys to assess their views on the quality of programmes delivered in partnership.

Why and how the team considered this evidence

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

302 To assess whether the College has in place effective arrangements to ensure that the academic experience is high quality in the context of its partnership arrangements, the assessment team considered the Provider Submission 28 September 2021 Final, [000] Pearson Academic Management Review Reports 2017-2018, [042] 2018-2019, [043] and 2020-2021, [044] External Examiner Reports May 2019, [045, 046 047] Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020 2021, [017] Pearson BTEC Higher Nationals Centre Guide to External Examination 2020 2021, [018] ASC Progression Agreement with Solent University, Southampton), [019] ASC Academic Regulations, [091] ASC Student Placement Policy, [124] ASC Internal Verification and Assessment Policy, [088] ASC Quality Manual, [089] ASC Revised Additional Evidence Response, [000c] and the Staff Training Plan. [099] The team also met staff [M1] and students. [M3]

303 To assess whether the College has credible, robust and evidence-based plans for ensuring a high-quality academic experience in partnership work, the team considered the Provider Submission, [000] Pearson Academic Management Review Reports 2017-2018, [042] 2018-2019, [043] and 2020-2021, [044] ASC Academic Governance Arrangements, [026] Anglo Skills College Board of Directors Terms of Reference and Constitution, [027] ASC Academic Regulations, [091] ASC Internal Verification and Assessment Policy, [088] ASC Quality Manual, [089] ASC Student Placement Policy, [124] and the College's Revised Additional Evidence Response. [000c]

304 To assess students' views about the quality of courses delivered in partnership, the assessment team viewed the ASC Student Submission (video), [087] met students at the visit, [M3] and considered a small number (3) of completed student surveys. [155]

305 To assess the basis for the maintenance of high quality within specific partnerships, and that those arrangements are in line with the provider's regulations or policies, the assessment team considered Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership, [011] Pearson BTEC Higher National Business first teaching September 2016, [012] Pearson BTEC Higher Nationals Business first teaching September 2021, [013] Pearson BTEC Higher Nationals Social and Community Work first teaching September 2018, [014] ASC Programme Specification for HN Business,

[015] ASC Programme Specification for HN Social and Community Work, [016] ASC Student Placement Policy, [124] Anglo Skills College QAA QSR Provider Submission 28 September 2021 Final, [000] Pearson Academic Management Review Reports 2017-2018, [042] 2018-2019 [043] and 2020-2021, [044] ASC AMR CED 2017-18, [017] ASC AMR CED 2018-19, [018] ASC AMR CED 2020-2021.[109]

306 To test that external examiners consider courses delivered in partnership to be of high quality, thus confirming the effectiveness of the underpinning arrangements, the assessment team considered the external examiners' reports - Pearson External Examiner Report May 2019, [045] Pearson External Examiner Report July 2020, [046] Pearson External Examiner Report September 2021, [047] HNC/D Business External Examiner Reports 2015 -2021,[093] and the Revised Additional Evidence Response. [000c]

What the evidence shows

307 The assessment team's analysis of the evidence led to the following observations.

308 The College's sole partner organisation for its higher education provision is Pearson. [000] Partnership agreements with Pearson [007-010] are up-to-date and cover the approval of the programmes the College currently offers and the in-prospect HNC/D Social and Community Work. These are supplemented by guidance documentation produced by Pearson to enable providers to understand its expectations. [017,018] The College uses the guidelines for quality assurance and assessment [017] and external examination, [018] while also having policies and procedures of its own, including the internal verification process, [088] the Quality Manual, [089] Internal Quality Assurance Process, [090] and Academic Regulations. [091] These documents set out the College's quality assurance model in detail. As described in paragraph 24 of this report, the assessment team had some concerns about the usefulness, clarity and coherence of some of the College's policy and procedural documentation. However, the team considers that, in conjunction with the College's use of the guidance provided by Pearson, there is an adequate regulatory and policy basis for ensuring that the academic experience delivered in partnership is of high quality.

309 The annual Pearson Academic Management Review (AMR) Reports [042-044] have been positive, indicating that all quality objectives have been met. The College has introduced for the first time an action plan [110] designed to address any essential actions and recommendations identified by Pearson in the AMRs and external examiners' reports. The three most recent AMRs [042-044] were all positive, with the College judged to be meeting all the required quality objectives, and no essential actions set. The College engages fully with the systems that Pearson as the awarding organisation and curriculum provider sets out, engaging with the processes. [045-047] External examiner reports are positive. No essential actions have been made by examiners, although some recommendations have been made and these have been included in the action plan [110] with identified actions to be taken in response. The College intends that as part of its monitoring process, the action plan will be considered at meetings of both Academic Board and Executive Management Board. [M1] The team found that external examiner and AMR reports indicate that the academic experience is high quality. The agreements with two universities for students to progress from the HNC/D Business to Level 6 study [010,160] are relatively informal but provide further indication that third parties have confidence in the qualification offered by the College.

310 The Terms of Reference of the Board of Directors [027] indicate that it has overall responsibility for the strategic direction and governance of the College including relationships with external collaborating partners. The Academic Board is responsible for oversight of all academic matters and discusses and advises on actions in relation to reports from external bodies. The College has previously relied on the annual monitoring processes that are

required by Pearson, but has recently established a procedure for its own internal annual quality monitoring, [131] with a supporting template, [132] which it intends to use in future. This indicates that an annual quality monitoring report will be produced each academic year, and that various sources of data should feed into it (for example external examiner reports, student progression and awards data, and student feedback). The template requires commentary on a range of matters including, for example, student feedback, student achievement, curriculum, teaching and learning and external reports. The template also requires an action plan to be produced with responses to issues raised, and requires commentary on progress in meeting the previous year's plan. The College plans [131] that Academic Board will consider reports and will be responsible for monitoring identified actions through the action plan. [110] The team considers that the proposed governance and annual monitoring arrangements, when applied, will provide an adequate framework for the monitoring of the College's higher education provision and its operation of the partnership with Pearson.

311 The College intends to deliver the Pearson HNC/D Social and Community Work programme from September 2022. The programme documentation [014] indicates that Pearson requires that students undertake compulsory and assessed placements. In response to a request for further information on how the College plans to operate these arrangements, the College provided a Placement Policy. [124] This is a generic placement policy rather than being specific to the Social and Community Work placement, and does not cover, for example, the expectations regarding the role of the placement supervisor or arrangements for assessment of the placement. The College confirmed in a written response [000c] that it plans to ensure that arrangements to support placements are fully developed prior to the launch of the programme in September 2022. Senior staff confirmed to the team [M1] that they plan to prepare appropriate policy documents, training manuals and other documentation to support both students and placement staff. Staff also told the team that it plans to start this programme with a small initial cohort (between 10 and 15 students), that the College already has links with NHS trusts, and that placements will be audited. Future staffing plans [099] indicate that in addition to the academic staff required to deliver the programme, a placement coordinator will be recruited to support the placement arrangements for this programme.

312 The College clearly recognises [M1] that the placement is a challenging aspect of this programme and that it will need to put in place robust arrangements for managing the partnerships with placement providers. The College confirmed its intention to put in place the necessary support procedures and documentation in readiness for launching the programme. [M1] This recognition, and the documented plan to provide appropriate additional staffing to support placements, gave the team confidence that the College understands the importance of establishing appropriate arrangements for the management of partnerships with placement providers. However, other than a placement policy that is not specific to this programme and the commitment to appointing appropriate staff, the team's understanding of the provider's plans relies significantly on oral testimony. The assessment team was therefore not able to determine from documentary evidence whether there are effective arrangements to ensure that the academic experience on placement will be high quality.

313 Staff were able to articulate [M1,M5] their roles and responsibilities in managing and implementing the partnership arrangements with Pearson. Staff told the team that they have direct contact with a named officer at Pearson who is available to provide additional support when required, and it was clear to the team that the College values this route for advice and support from its awarding partner.

314 The assessment team considered the Student Submission, [087] which indicated that students are positive about their courses. During the visit, students [M3] made it clear

that they were happy with their course and positive about their student experience. The small number of completed student surveys [155] were positive and students indicated satisfaction with their course. The team therefore found that students are positive about the quality of courses delivered in partnership.

Conclusions

315 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

316 The assessment team concludes that working in partnership with Pearson the College has robust and credible plans to ensure that the academic experience will be high quality. The team was satisfied that partnership agreements in place are clear, comprehensive, and up-to-date and that these reflect the College's regulations and policies. Staff have a good understanding of the planned infrastructure, framework and responsibilities that will be required to ensure that it works within Pearson's expectations in the provision of a high-quality academic experience. Students indicate satisfaction with the quality of their programme. External examiner reports and Pearson Academic Management Review reports are positive and indicate that the academic experience is of high quality. The policies and operational procedures for the HNC/D Social and Community Work course are currently in prospect, and although a placement policy is in place no further supporting documentation was available to enable the team to understand how high quality will be achieved in placement partnerships. The team was, however, reassured by the commitment to recruit staff to support the programme and by the fact that staff understand the importance of having robust processes in place for this programme and recognise that work is required to ensure that this is achieved. The assessment team concludes, therefore, that on balance the Core practice is met.

317 The assessment team found that the partnership with Pearson has effective arrangements in place to ensure a high-quality experience. This was supported by the evidence provided and the meetings with staff and students. However, the proposed partnership arrangements for placement provision were not at a stage for the assessment team to be able to assess the supporting processes and procedures, and the team's understanding of the plans for developing them is therefore largely based on oral testimony. Therefore, the assessment team has low confidence in this judgement.

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

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

319 The QAA assessment 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

320 The QAA 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 assessment team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other assessments and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Student Handbook [063]
- b Provider Submission [001]
- c Student Welfare Officer role description [022]
- d Principal role description [020]
- e Academic Manger role description [023]
- f Student Submission video [087]
- g Academic Quality and Student Review Meeting minutes [039]
- h Student services and Support description [118]
- i Individual Learning Plan [119]
- j Feedback Policy [051]
- k Equality and Diversity Policy [055]
- l Access and Participation Statement [002] and Staffing plan [099] Pearson
- m Pearson Annual Management Review (AMR) Reports [042-044]
- n Course Handbooks [064,065] and Student Handbook [063]
- o Access and Participation plan [002]
- p College development Plan [005]
- q ASC Management Diagram [025]
- r Academic Governance Diagram [026]
- s Careers support [139]
- t Skills audit template [140]
- u Initial development plan template [141]
- v Individual Learning Plan template [142]
- w Case Study and presentation on critical thinking [158a,d]
- x Presentations on changing jobs, and influence and communication [158b,c and d]
- y Skills audits [158e]
- z Student development plan [158f]
- aa Assessed student work from BTEC Level 7 Diploma in Strategic Management and Leadership and HNC Business [S1]
- bb Meetings with staff [M5, M6]
- cc Meeting with students. [M3]

How any samples of evidence were constructed

321 No sampling was required for this Core practice as the team was able to look at all assessed work from 2020-21 and 2021-22 in order to assess whether students receive feedback that is comprehensive, helpful and timely.

Why and how the team considered this evidence

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

323 The team reviewed the Student Handbook, [063] the College's Submission, [001] Student Welfare Officer role description, [022] Principal role description, [020] Academic Manager role description, [023] Student Submission video, [087] Academic Quality and Student Review Meeting minutes, [039] Student services and Support description, [118] Individual Learning Plan, [119] Equality and Diversity Policy, [055] Access and Participation Statement, [002] Staffing plan, [099] Pearson Annual Monitoring Reports, [042-044] Student Handbook, [063] templates for Skills Audit, [140] Initial Development Plan [141] and Individual Learning Plan, [142] and completed examples of skills audits and learning plans [158e-g] and careers presentations, [158-d] to identify the College's approach to student support, including how it identifies and monitors the needs of individual students.

324 The team reviewed the College's plans to support students in achieving academic and professional outcomes, which included the Access and Participation plan, [002] the College Development Plan, [005] the College's Submission, [000] ASC Management Diagram, [025] Academic Governance Diagram, [026] and meetings with staff 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.

325 The team considered students' views by reviewing the Student Submission video, [087] and by meeting with students during the review visit, [M3] to identify and assess students' views about student support mechanisms.

326 Assessed student work was reviewed to assess whether students are given comprehensive, helpful and timely feedback. [S1]

327 The team met members of staff during the review visit [M5] to test whether they understand their responsibilities for supporting students and are appropriately skilled and supported.

What the evidence shows

328 The assessment team's analysis of the evidence led to the following observations.

329 The College indicated in its Provider Submission [000] that it currently has a very small number of students and therefore is able to provide a bespoke student support system. The College demonstrates an inclusive approach to support with a commitment to diversity which is clearly demonstrated in the Equality and Diversity Policy [055] and the Access and Participation Statement. [002] The Access and Participation Plan indicates that the College's primary focus is to recruit and support students from a wide range of backgrounds where

engagement with higher education is under-represented and to support them in meeting their aspirations for education and careers.

330 To identify students who may be struggling or in need of additional support, the College uses its Student Attendance Policy. [062] The policy sets out the requirements for attendance and the processes and actions that can be taken by staff and clear expectations for students. Attendance and progress are also monitored at the Academic, Quality and Student Review meetings. In the minutes of these meetings [039] the teams observed detailed discussion about students and their progress, and the team found the minutes of these meetings to be comprehensive. The team found the processes for identification and monitoring of individual students through their attendance and progress to be effective, and according to the College's own data since 2015-16 to 2020-21 the College has achieved a 100% retention rate across all its programmes. [000] The Pearson Annual Monitoring Reports [042-044,093] comment positively on the issue of attendance records and assessment records of each student registered for a qualification, therefore the team observed that the College has a method of monitoring effectively student attendance and progression.

331 The Provider Submission [000] stated that the College had introduced revised management and academic governance arrangements in March 2020. These are summarised in the ASC Management Diagram [025] and Academic Governance Diagram. [026] This revised structure involved the introduction of new policies and procedures to formalise the current processes in recognition that an increase in student numbers would warrant an increased level of formality. This includes an Extenuating Circumstance Student Guide, [081] an Extenuating Circumstances Staff Guide, [082] an Assessed Work and Deferral procedure, [083] and an Extenuating Circumstance Form. [084] These provided the team with examples of the College planning to support more effectively increased numbers of students. The team found the College's approach to student support, including how it identifies and monitors the needs of individual students, to be comprehensive for its current number of students.

332 Student pastoral support is managed by the Student Welfare Officer, [022] with academic support provided primarily by the Principal [020] and Academic Manager. [023] The small number of students means that student support can currently be offered easily and quickly to students as it is needed. Study skills support is currently provided on a one-to-one basis, and tailored to specific student need. [118] Students complete a Personal Development Plan, [142] which helps to identify any particular learning and development needs and any additional academic support needs, and sets out how these needs might be supported. The College provided a document explaining its plans for providing careers support, [139] which indicates that students will be invited to attend a career planning awareness in-house course at the start of their course, that any particular identified areas relating to career support would be added to the Personal Development Plan and that these identified needs would be embedded into the student's study programme. It was explained to the team [M5] that at present, given the small student numbers, careers support is being delivered primarily by the Academic Manager but that in the longer term the College aims to set up a career support unit, [139] which would be staffed by the Placement Officer with the support of academic staff. However, as noted in paragraph 233, this proposed arrangement was not clear from the staffing plans provided to the team. [099] Students also receive one-to-one tutorial support including tutorial support focused around formative and summative assessments. [000, M1,M3] The College has progression agreements with two universities, [010,160] which indicates a desire on the part of the College to provide opportunities for students who wish to further develop and progress to higher level study.

333 The College's Development Plan [005] refers to an Extended Learning Support Programme which, it states, is embedded into the beginning of each academic year to assist

students transitioning between years of study, including bridging activities through tutorial support and additional support classes early in the academic year, and that for new students this would be integrated into the initial assessment and induction procedures. In response to a request for further information about this programme [000c] the College stated that 'students are provided with teaching and learning sessions together with one-to-one tutorial support. During lockdown periods this has been provided online rather than face-to-face in the College. Students also have access to the Student Welfare Officer for pastoral support'. In a meeting with staff [M5] the process of how this happens, and how the Extended Support Programme is differentiated from other support mechanisms, was unclear; with staff responses suggesting that it focused on initial identification of, and provision of support for, students with disabilities or additional learning needs. It was therefore unclear to the team how the approach described fulfilled the stated aims of supporting transition and bridging between years of study.

334 At the visit the assessment team explored the issue of how the College plans to provide student support as student numbers increase. College staff [M5] stated that when the student numbers increase the College would employ student advisers who would deliver a student assistance programme covering a range of issues. The team explored with staff [M5,M6] the plans for providing support for disability, additional learning needs and mental health. Senior staff told the team in meetings, and confirmed in a written statement, [M5,M6,000g] that the College intends to recruit someone with special educational needs qualifications and support skills, who would have the knowledge and expertise to refer people to appropriate external support arrangements and provide the necessary support and advice. However, although the staffing plan [099] provides evidence of plans to recruit additional academic staff to teach and manage courses, the team noted that the plans for the additional support staff referred to are not included in the plan provided.

335 Students [M3] told the team that they receive support primarily from academic members of staff and had not used the student welfare/pastoral support function. Students agreed, both in the Student Submission [087] and in the meeting with the team, [M3] that they are very well supported by the College, often in one-to-one teaching and support. They highlighted this one-to-one teaching and support as one of the reasons they chose to attend the College. The students scored the support they received from the College positively in the small number (3) of student survey responses seen by the team. [155c-e] Students were unaware of any support regarding careers advice as they were unsure if there was a careers department, but they felt able to approach academic staff for support, for example with CV writing. The team found that students agree that they are adequately supported to achieve successful academic and professional outcomes.

336 The Feedback Policy [051] sets out expectations, principles and good practice regarding feedback on assessed work. There is no specified expectation in terms of the timeframe within which feedback should be provided. However, the policy states that students should be notified in advance of when they can expect to receive feedback on their work and that feedback should be timely and developmental. Student assessed work [S1] demonstrates that all students are given helpful and timely written feedback on assessed work. In addition to formal written feedback, staff also said that they provide verbal one-to-one feedback through tutorials. [M1] This was confirmed by students [M3] who told the team that they receive written feedback that indicates how they can improve and identifies strengths and weakness to take forward into future assessments, and that they also receive verbal feedback either in person or via video call. Students also indicated [M3] that feedback is normally provided within two weeks of assignment submission. The team found that students receive feedback on assessed work that is comprehensive, helpful and timely. However, the current approach to setting expectations regarding timescales for returning assessed work, while adequate for current operations, is unlikely to be sustainable as new courses are introduced and student numbers increase.

337 The assessment team discussed with academic staff [M5] how they provide comprehensive support to students, and examples were provided of tasks undertaken by students including a skills audit, [140] an initial development plan, [141] and an individual learning plan template. [142] This enables staff to identify student skills and gaps, with an example being given of a student whose initial development plan identified a need for additional support with academic writing which was then provided on an individual basis. [M2] The College also provided further evidence of these processes consisting of presentations on critical thinking, influence and communicating and changing jobs, and completed examples of skills audits and a development plan. [158a-g] Staff explained [M5] that they aim to support students and resolve any support issues in the classroom first. The team found that academic staff generally understand their responsibilities in supporting students to achieve academic and professional outcomes. The processes and plans for the role of welfare and support staff were less clearly articulated by staff and the team was unsure of how much pastoral support was offered to students, although given the current very small numbers it was apparent that students are receiving a range of one-to-one support from academic staff which responds to individual student needs. The team noted from staff CVs [143] that no training had been provided to staff to undertake their respective roles in supporting students, and as noted in paragraph 197 the team was provided with limited information on development opportunities available to staff. As noted in paragraph 233, the College plans to recruit to additional posts to provide experienced support and to refer students externally where required. However, these plans are not as yet documented.

Conclusions

338 As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

339 The assessment team found that the College supports all students to achieve successful academic and professional outcomes. At present, the small number of students means that they are receiving one-to-one teaching and support. The assessment team found that the College has in place credible policies that will form a basis for the academic support of students. These include policies on feedback, plagiarism, pastoral support, extenuating circumstances, careers support and a policy on student progress review. The arrangements in place for identifying and monitoring individual student needs by members of staff are appropriate for the size of the College and the nature of its planned higher education provision. Academic staff understand their role in supporting student achievement; however, the role of support staff in supporting students was less clear, and there are no plans in place to support staff through training specific to the higher education context. The College indicated that it plans to increase support staffing for the full range of student support it aims to provide and to ensure referral to external agencies where required, although the team found that these plans were as yet undocumented. Overall, feedback on assessed work is helpful, timely and generally comprehensive. Students expressed their satisfaction with the support they receive, including the quality and timeliness of feedback on assessed work. On the basis of the evidence, the assessment team therefore concludes that, on balance, this Core practice is met.

340 The evidence underpinning this judgement reflects most of the evidence and criteria described in the QSR evidence matrix. However, given the lack of documented evidence and consequent reliance on oral testimony concerning plans for supporting increased student numbers, and providing staff training; and some lack of clarity concerning how some

aspects of student support are provided, the assessment team has a low degree of confidence in this judgement.

Annex 1

Evidence List

000 Anglo Skills College QAA QSR Provider Submission 28 September 2021 Final
000a Evidence List with hyperlinks 300921.xlsx
000a Revised Evidence List 281021.xlsx
000a Revised Evidence List at 231121.xlsx
000b pearson-responsibilities-checklist-qsrmi-19 (3)
000c ASC Revised Additional Evidence Response
000d QSR Further Additional Evidence List
000e QSR Visit Schedule Anglo Skills
000f - QSR Anglo Skills College Evidence requests 01 December
000g - QSR Anglo Skills College Evidence requests 29 November 2021 DP
001 ASC ISI Report June 2018
002 ASC Access and Participation Statement
003 Office for Students Letter 5 July 2021
004 ASC Prospectus 2021 2022
005 ASC College Development Plan 2021-2023
006 Quality and Standards Review for Providers Applying to Register with the Office for Students
007 Edexcel Centre Approval Certificate to Offer BTEC Qualifications March 2012
008 Edexcel Online Approval Awards
009 Pearson approval letter to deliver the Pearson BTEC HNC HND Social and Community Work
010 Pearson letter of approval to deliver the HN Business First Teaching September 2021
011 Pearson BTEC Level 7 Certificate Diploma and Extended Diploma in Strategic Management and Leadership
012 Pearson BTEC Higher Nationals Business first teaching September 2016
013 Pearson BTEC Higher Nationals Business first teaching September 2021
014 Pearson BTEC Higher Nationals Social and Community Work first teaching September 2018
015 ASC Programme Specification for HN Business
016 ASC Programme Specification for HN Social and Community Work
065 ASC Course Handbook Extended Diploma in Strategic Management and Leadership
017 Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020 2021

018 Pearson BTEC Higher Nationals Centre Guide to External Examination 2020 2021
019 ASC Progression Agreement with Solent University Southampton
020 ASC Principal Job Description
021 ASC Director of Quality Job Description
022 ASC Student Welfare Officer Job Description
023 ASC Academic Manager Job Description
024 Business Tutor Job Description
025 ASC Management Diagram
026 ASC Academic Governance Arrangements
027 ASC Board of Directors Terms of Reference and Constitution
028 ASC Executive Management Board Terms of Reference and Constitution Revised
029 Academic Board Terms of Reference and Constitution
030 ASC Programme Committee Terms of Reference and Constitution
031 ASC Assessment Board Terms of Reference and Constitution
032 Student Representative Committee Terms of Reference and Constitution
033 Board of Directors minutes March 2020
034 Executive Management Board minutes March 2020
035 Academic Board minutes March 2020
036 Combined Management Board minutes September 2020 and April 2021
037 ASC Academic Board minutes September 2020 and April 2021
038 ASC Management Team Meeting minutes January 2021 to August 2021
039 ASC Academic Quality and Student Review Minutes July 2020 to August 2021
040 ASC Covid-19 Policy 2020-21
041 ASC COVID 19 Statement April 2021
042 Pearson Academic Management Review Report 2017 to 2018
043 Pearson Academic Management Review Report 2018 to 2019
044 Pearson Academic Management Review report 2020 to 2021
045 Pearson External Examiner Report May 2019
046 Pearson External Examiner Report July 2021
047 Pearson External Examiner Report September 2021
048 Assignment Brief for HNC Level 4 Unit 4 Management and Operations
049 Internal Verification Unit 4 Management and Operations
050 Example of Written Feedback on Unit 4 Student Marked and Assessed Work
051 ASC Feedback Policy
052 ASC Assessment Board Minutes
053 ASC Plagiarism Policy
054 ASC Academic Appeals Policy and Procedure

055 ASC Equality and Diversity Policy
056 ASC Admissions and Enrolment Procedures
057 ASC Checking for Criminal Records
058 ASC Admissions Policy
059 ASC Offer of a Place Form
060 ASC Rejection of place form
061 ASC Interview guidance and interview form
062 ASC Student Attendance Policy
063 ASC Student Handbook 2021 to 2022
064 ASC Course Handbook HNC HND Business
065 ASC Course Handbook Extended Diploma in Strategic Management and Leadership
066 ASC Terms and Conditions
067 ASC Payment and Refund Policy
068 ASC Induction Policy
069 ASC Recognition of Advanced Standing Policy
070 ASC Recognition of Advanced Standing form
071 ASC Freedom of Speech Policy
072 ASC Pastoral Support Policy
073 ASC Staff Recruitment Procedure
074 ASC Staff Appointment Procedure
075 ASC Observation of Teaching, Learning and Assessment Policy
076 ASC Student Charter
077 ASC Student Complaints Policy and Procedure
078 ASC Academic Appeals Policy
079 ASC Academic Appeal Flowchart
080 ASC Academic Appeals Form
081 ASC Extenuating Circumstances Student Guide
082 ASC Extenuating Circumstances Staff Guide
083 ASC Assessed Work Extension and Deferral Procedure
084 ASC Extenuating Circumstance Form
085 ASC Student Progress Review Policy
086 ASC Student Progress Review Form
087 ASC Student Submission (video).mp4
088 ASC Internal Verification and Assessment Policy
089 ASC Quality Manual
090 ASC Internal Quality Assurance Process
091 ASC Academic Regulations

092 ASC Learning and Teaching Enhancement Strategy 2021
093 ASC All HNCD Business External Examiner Reports 2015 - 2021
094 ASC Level 7 SM&L Unit 2 Assignment Brief
095 ASC Level 7 SM&L Unit 3 Assignment Brief
096 ASC Level 7 SM&L Unit 4 Assignment Brief
097 ASC Scheme of Work.xlsx
098 ASC Tutor Observations
099 ASC Staffing Plan
100 ASC Teaching Schedule for HE Programmes 2021
101 ASC Staff Handbook
102 ASC Staff Induction Policy
103 ASC Staff Development Policy
104 ASC Staff Appraisal Policy
105 ASC Recruitment Procedure Application Form and Questionnaire
106 ASC Staff Recruitment Checklist
107 ASC AMR CED 2017-18
108 ASC AMR CED 2018-19
109 ASC AMR CED 2020-21
110 ASC Pearson Action Plan 2021-22
111a ASC AMR Report and Letter 2021
111b ASC AMR Report and Letter 2019
111c ASC AMR Report and Letter 2018
112 ASC Disability Policy
113 ASC Protection of Vulnerable Adults Policy
114 ASC Health and Safety Policy
115 ASC Team Meeting Minutes for Purchase of Resources
116 ASC Student Representative Handbook
117 ASC Student Representative Policy
118 ASC Student Services and Support
119 ASC Individual Learning Plan
120 ASC Admissions Checklist
121 ASC CRB Disclosure Policy
122 ASC Scholarship Application Form
123 ASC Student Course Survey
124 ASC Student Placement Policy
125 - ASC-AWG92
125a - Unit1 L7 marked and IVED

125b - Unit2 L7 Marked and Ived
125c - Unit3 L7 marked and IVED
125d - Unit4 L7 Marked and IVED
125e - Unit10 I7 marked and IVED
125f - Unit12 Marked and IVED
126 - ASC-JFW98
126a - Unit1 L7 Marked and Ived
126b - Unit2 L7 Marked and Ived
126c - Unit3 L7 Marked and Ived
127 - ASC-HPS96
127b - Unit 2
127d - Unit 4
129 - ASC-MU00
129a - Unit1 L4 HNC Marked and IVED
129b - Unit2 L4 HNC Marked and IVED
129c - Unit3 Final Marked and Ived
129d - Unit4 Final MARKED and Ived
129e - Unit5 Final Marked and Ived
129f - Unit6 Final - Marked and Ived
129g - Unit7 Final Marked and Ived
129h - Unit8 Final Marked and Ived
130 - ASC Student Enrolment Evidence 2020 - 2021.xlsx
131 - ASC AQM Policy
132 - ASC AQMR
133 - ASC Academic Board Minutes 8 November 2021
134 - ASC Board of Directors Executive Board Minutes 8 November 2021
135 - ASC Tutor Appraisal Form
135a - ASC Staff Appraisal Example of Previous Practice
136 - ASC Continuous Professional Development Plan
136a - ASC CPD Example of Previous Practice
137 - ASC Mandatory Training Plan for All New Staff
138 - ASC Learning Resources for the Level 7 Strategic Management Course
139 - ASC Student Career Support
139a - ASC Skill Audit Form - CSM84
139b - ASC-AWG92 - Unit 1 A1 Marked Brief
140 - ASC Skill Audit Form Example
141 - ASC Initial Development Plan

142 - ASC Individual Learning Plan Template
143 - ASC Staff CVs
144 - █████ Recruitment Evidence
145 - █████ Recruitment Evidence
146 - █████ Recruitment Evidence
147 - █████ Recruitment Evidence
148 - ASC Records of Admission
148a - ASC-AWG92
148b - ASC-JFW98
148c - ASC-HPS96
148d - ASC-CSM84
148e - ASC-MU00
149 - ASC Staff Induction
149a - ASC H.E. Course Induction Presentation.pptx
149b - Tutor Induction Checklist
149c - ASC Tutor Induction Presentation
150 - ASC CPD
150a - ASC Continuous Professional Development Plan
150b - ASC Continuous Professional Development Plan Filled
150c - Example of CPD
150d - Creating a Personal Development Plan(PDP).pptx
151 - ASC Staff Information.xlsx
152 - ASC Student Admission Checklists
152a - ASC-JFW98 Admissions Checklist
152b - ASC-MU00 Application Form, Certificates and Admission Checklist
152c - ASC-CSM84 Admission Checklist
152d - ASC-HPS96 Admission Checklist
153 - ASC H.E. Student Admissions History.xlsx
154 - ASC Contract of Agent Agreement
155 - ASC Student Surveys
155a - ASC Induction Survey June 2021 V2.0
155b - ASC Student Course Survey Template
155c - ASC Student Course Survey Term 1 HNC
155d - ASC Student Course Survey Term 2 HNC
155e - ASC Student Course Survey Term 3 HNC
155f - ASC Student End of Course Survey L7
156 - ASC Academic Governance 30 November 2021

157 - ASC Complaints Procedure [revised]
158 - Student Support
158a - Case Study Example - Critical Thinking
158b - Changing Jobs Regularly.pptx
158c - Critical Thinking.pptx
158d - Influence & Communication.pptx
158e - Skill Audit Form CSM
158f - Skills audit Form HPS
158g - Student Development Plan CSM
159 - ASC Student Record 2020 - 2022.xlsx
160 – Progression letter Hartpury University
W1 – Web link showing complaints procedure
W2 – Web page example
S1 - Assessed student work
S2 - Admissions records
S3 - Staff recruitment records

Visit Meeting Notes

M1 – meeting academic standards and assessment
M2 – meeting admissions and student engagement
M3 – meeting with students
M4 – meeting facilities, resources and staff
M5 – meeting teaching, learning and student support (including complaints and appeals)
M6 – final meeting
Resource Tour – Notes of virtual tour of resources and facilities

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