



Designated Quality Body
in England

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

David Game College Ltd



Review Report

September 2022

Contents

Summary of findings and reasons	1
About this report.....	16
About David Game College Ltd.....	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	25
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.....	29
S4 The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.....	33
Q1 The provider has a reliable, fair and inclusive admissions system.....	38
Q2 The provider designs and/or delivers high-quality courses	46
Q3 The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience	50
Q4 The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.....	56
Q5 The provider actively engages students, individually and collectively, in the quality of their educational experience	60
Q6 The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.....	64
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	71
Q9 The provider supports all students to achieve successful academic and professional outcomes	75
Annex 1.....	81

Summary of findings and reasons

Ref	Core practice	Outcome	Confidence	Summary of reasons
S1	The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks.	Met	High	<p>From the evidence seen, the assessment team considers that the standards set for the provider'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 programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies should ensure that standards can be maintained appropriately. The partnership agreements clearly set out the responsibilities in the relationships and all evidence suggests that the provider engages effectively with these. The provider has robust and appropriate policies and processes to enable it to ensure its standards of quality assurance. Programmes and modules have well defined learning outcomes and assessments are clearly mapped to these outcomes. The responsibility for assessment setting is clearly defined and effectively monitored. Academic staff and programme leaders demonstrate understanding of these standards and their responsibilities. External and annual reviews confirm the satisfaction of the providers and external examiners of the robustness of the provider's processes and outcomes. A review of the assessed work confirms that marking is consistent with the FHEQ and that the learning outcomes assessed are clearly indicated to the students such that they know what to do to achieve threshold levels.</p>

				<p>The assessment team considers that, based on the evidence scrutinised, the standards that will be achieved by the provider's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. Therefore, based on scrutiny of the evidence provided, the assessment team concludes that this Core practice is met.</p>
S2	<p>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.</p>	Met	High	<p>The review team, based on the evidence presented to them, determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with those set by other UK providers. The assessment team considered that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately.</p> <p>The assessment team also considers that the provider's policies and processes are appropriate for the assurance of the relevant standards beyond thresholds in terms of the design and delivery of their programmes and assurance of outcomes. The programme and module outlines utilised clearly demonstrate the mapping of learning outcomes against standards beyond threshold and how they are communicated to students. The external examiners confirm that standards beyond threshold are consistent with the relevant national qualifications' framework, and credit and qualifications are awarded only where those standards have been met. Where there is need for improvement in feedback it is noted that this has been identified by the provider and action plans had been put into place. Assessed work sampled showed clear marking against standards set out in the module outlines. Staff</p>

				<p>understand and apply the provider's approach to setting and maintaining standards, the programme managers and tutors demonstrated understanding of the summative and formative assessment processes.</p> <p>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 courses are delivered or who delivers them.	Met	High	<p>The assessment team concludes 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. This is because the provider follows the regulations, policies and procedures provided to them by the awarding bodies and organisations, including robust monitoring and review processes for each awarding partner, to ensure this takes place.</p> <p>The responsibilities are clearly set out in the relevant partnership agreements and meetings with both the provider's staff and representatives from the awarding bodies confirm these are understood. Supporting evidence is also available to see these take place in practice. Neither the external examiners nor the awarding partners identify any concerns in relation to standards, suggesting they are credible and secure, and consideration of students' assessed work further supports this.</p>

				The assessment team concludes, therefore, that the Core practice is met.
S4	The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	Met	High	<p>The assessment team concludes that external expertise is utilised effectively, with the provider aligning with the expectations of the respective awarding body or organisation in relation to this. Staff are able to effectively articulate the expectations for the use of external expertise, their role within this and could identify where this had led to change, and the team was able to identify evidence of this in practice. Fair and reliable assessment and classification processes are clearly outlined. These do differ for each awarding body or organisation; however, these are on balance transparent for students, assessors and those involved in internal and external moderation and staff were able to clearly articulate the differing expectations. No issues have been identified in relation to fairness or reliability of assessment and classification by external examiners or the team, although there were some differences noted within the assessment sample in relation to transparency of grading practices and ability to identify timeliness of grading and feedback. Meetings with staff confirm that they understand their role in relation to assessment and classification and students, on-balance, regard the assessment and classification processes as reliable, fair and transparent.</p> <p>The assessment team concludes, therefore, that the Core practice is met.</p>
Q1	The provider has a reliable, fair and inclusive admissions system.	Met	Moderate	The assessment team concludes that the provider has a reliable, fair, and inclusive admissions system. The provider has a clear policy for the recruitment and admission of students that is inclusive and fit for

			<p>purpose because it applies to all applicants and allows for reasonable adjustments to be made for applicants with particular circumstances, including those without formal academic qualifications or who have alternative qualifications, mature applicants, and applicants with a declared learning difficulty or disability. The provider has a strong reliance on the use of agents for student recruitment and the team was satisfied that the provider's arrangements to ensure the suitability and support for agents were effective in supporting its plans for robust and credible admissions systems.</p> <p>The policy and information for applicants is transparent, fit for purpose and easily accessible through the provider's website, with further opportunity for applicants to discuss their intended course and application at open days and through direct communication with the provider or Student Ambassadors. The assessment team identified some differences in the level of detail provided in the admissions criteria in approved course documentation compared with the information in the provider's Student Admissions and Recruitment Policy and information provided to students on the provider's website. However, the assessment team was satisfied that any differences did not harm the overall integrity or transparency of the admissions processes, as the information in the provider's documentation and on the provider's website provided consistent information but with slightly different levels of detail.</p> <p>Overall, the provider's plans for admissions systems are reliable, fair and inclusive. This is supported by the provider having admissions staff who have a clear understanding of their roles and responsibilities and the admissions processes. Students met by the assessment</p>
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				<p>team also tend to agree that the admissions system is reliable, fair, and inclusive, and placed particular emphasis on the support provided to applicants. However, the team identified some elements in the initial evidence documentation that required further explanation by the provider, such as the provider's approach to the recruitment of international students, and the low UCAS tariff required for the BA Hons Business Management course. The assessment team was assured by the provider's response and explanations that these did not impact on the integrity of the admissions process or present significant risk to applicants.</p> <p>The assessment team found that fair and inclusive admissions decisions had been made based on the sample of admissions decisions that were scrutinised and was satisfied that the admissions records demonstrate that the provider's policies were, on balance, implemented in practice. However, the team identified some deviations and gaps in the evidence available to support admissions decisions in the form of missing interview forms for some applicants. As stated above, the team felt that the gaps in evidence were due to oversights which had not harmed the integrity of the admissions process or the interests of applicants, although potentially could have done so.</p> <p>Therefore, the assessment team concludes that, on balance, the Core practice is met.</p>
Q2	The provider designs and/or delivers high-quality courses.	Met	Moderate	The assessment team, based on the evidence presented, determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with

				<p>those set by other UK providers. The team considered that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately. Through setting and marking student assessments, the provider is undertaking its responsibilities for the maintenance of academic standards of awards delivered on behalf of the awarding bodies and organisation. Staff were able to articulate what 'high quality' means in the context of the provider, and to show how the provision meets that definition. The external examiners confirmed their satisfaction with the quality of the programme; however, the provider and external examiners identified a need to improve the quality of feedback given to students. Students tend to regard their courses as being of high quality and have the resources to achieve their learning outcomes, feel supported and have suitable opportunities to raise any concerns. Sampled assessed student work reflects that credit and qualifications are awarded only where the relevant standards have been met.</p> <p>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>
Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Met	Moderate	The assessment team concludes that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The provider has robust policy and procedures in place to

				<p>ensure the recruitment of skilled and qualified staff. There is support for staff to undertake their role effectively through a supportive induction process, an annual staff appraisal that identifies any training or developmental needs and availability of various opportunities for staff development. The peer observation process is confirmed by staff as a supportive mechanism to enable staff development. The current staffing level is appropriate for the provider size and context and the staff CVs showcase the expected skill and qualification levels. However, some job descriptions provided were inconsistent in format, with some examples setting out the role duties but not the role requirements or a person specification; where person specifications or role requirements were provided this was also inconsistent, with some clearly outlining essential versus desirable elements and where these would be identified in the recruitment process and others containing a list of requirements or a paragraph describing the preferred candidate some of which are more detailed than others.</p> <p>Validating partners and external examiners do not raise any concern in relation to staffing sufficiency, qualification or skills. The provider's partners consider programme staffing during review and validation processes. The external examiner reports are, on balance, positive in relation to teaching and learning and do not raise concern in relation to teaching staff sufficiency or qualification. The provider's partners confirm that sufficient skilled and qualified staff are in place and students are positive about their academic experience and the role the staff are able to play within this.</p>
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				<p>Students were confident that the staff were well qualified to support their educational experience. Students commented on the industry expertise that some staff members showcased within their teaching, and the way that staff brought both research and experience into the classroom.</p> <p>The assessment team concludes, therefore, that the Core practice is met.</p>
Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Met	High	<p>The assessment team concludes that the provider has sufficient and appropriate learning resources, facilities, and student support services to deliver a high-quality academic experience. This is because the provider's approach to ensuring suitable learning resources has been demonstrated through them being both proactive and reactive to the maintenance and development of online and physical library catalogues. Additionally, the team's own observations led to the conclusion that the facilities available for formal teaching, independent study and leisure are suitable given the number of students that currently study with the provider. Specialist facilities for the School of Art & Design meet the requirements of the franchising university and students to be able to complete their courses. The virtual learning environment meets the expectations of students and was used by the Study Skills/English for Academic Purposes team to offer additional support to students. Students' views through the student submission, student survey results and Student Staff Liaison Committee meeting minutes confirmed that the learning resources provided were sufficient and that the Study Skills/English for Academic Purposes advice was helpful. The assessment team concludes, therefore, that</p>

				the Core practice is met.
Q5	The provider actively engages students, individually and collectively, in the quality of their educational experience.	Met	High	<p>The team concludes that the provider has an effective approach to engaging students, both individually and collectively, in the quality of their educational experience. Individually, the provider engages students through course and module evaluations, the NSS and informally. Collectively, the provider engages students through its student representative programme, the accompanying Student Staff Liaison Committee and representation on the Academic Board. Additionally, the provider also engages its Student Ambassadors to participate in focus groups to improve its offering.</p> <p>The team acknowledges that there are limitations to this approach, such as the current lack of an effective induction for student representatives, the inconsistencies surrounding where the Student Staff Liaison Committee sits within the provider's governance structure, and how issues/actions that flow out of the SSLC are addressed.</p> <p>However, overall, students are confident that the provider has effective mechanisms to engage them in the quality of their educational experience and will respond appropriately to their feedback, whether formal or informal. The team has seen examples of how the provision was changed or improved in response to the provider's approach to student feedback and engagement. The assessment team concludes, therefore, that the Core practice is met.</p>
Q6	The provider has fair and transparent procedures for handling complaints and	Not Met	High	The assessment team concludes that the provider has a fair and transparent complaints policy and procedure that is written and available in an accessible manner,

	<p>appeals which are accessible to all students.</p>		<p>which has the potential to deliver timely outcomes. This is because the policy clearly outlines the stages, associated timeframes, likely outcomes, and routes for escalation. This was confirmed in the example seen by the assessment team. The policy lacks clarity as the title of the key advising member of the provider's staff was incorrect, nonetheless the students met by the team confirmed they knew who they could approach at the provider for advice regarding complaints and appeals.</p> <p>The assessment team did not consider the provider to have a fair, transparent, or accessible academic appeals policy or procedure. This is because the policy was out of date on the provider's website meaning that students did not have access to the document version which included the details for students studying on [REDACTED] validated programmes. One appellant also experienced confusion in the nomenclature used by the provider 'David Game Higher Education Centre' policies and 'David Game College Ltd' policies. There were no timeframe details for the length of time between the appeal being accepted for consideration, the investigation/panel meeting, and ultimate decision, therefore the team considered that this could cause delays to the process.</p> <p>Two of the appeal samples reviewed by the team had deviations from the procedure which the team considered to affect the integrity of the policy and procedure in ways that were not in the student interest. Responding to a grade challenge the team noted several deviations from the procedure and the provider within the outcome letter did not provide information regarding the right to an academic appeal, as stated within the appeals policy. Further, the provider's</p>
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				<p>franchise partner at the time made a series of recommendations to the provider, one of these was for the provider to consider the appeal as it had in fact been received within the 15-day timeframe specified in the appeals policy. Additionally, the letter sent to the student from the provider confirming that the appeal was not being considered was sent 18 days after the original receipt of the appeal, which exceeds the 5 days stipulated within the policy. From start to finish this appeal took three months; the team did not consider this appeal to have been dealt with in a timely manner in accordance with the policy.</p> <p>The appeals policy states that the role of the Academic Board is for the review of appeal decisions to ensure they are not unfair or disproportionate. The Academic Board terms of reference states that the role of the Academic Board in complaints and appeals is to have oversight responsibility and to ensure that the governing framework for complaints and appeals is fully implemented. However, the minutes confirm multiple instances where the Academic Board is being treated as the appeals panel and making decisions in place of the panel. The team considered this to affect the integrity of the procedure as it introduces a conflict of interest that would not have been present on a panel of independent staff members due to Programme Managers and Heads of School being members of the Academic Board who could have a vested interest in the appellant.</p> <p>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	Met	High	The team concludes that where a provider works in partnership with other organisations, it has in place

	<p>effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.</p>		<p>effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered, and who delivers them. This is because the provider has a clear and comprehensive approach for the management of partnerships with other organisations to ensure that the academic experience is high quality and there are clear, comprehensive, and up to date agreements in place with the awarding bodies and the awarding organisation, which reflect the provider's arrangements for the management of partnerships.</p> <p>The team found that although there were significant references to work placements these were due to poor administrative practices in ensuring records were up-to-date, credible and robust; however, there was no impact on the academic experience or outcomes for courses or students.</p> <p>Staff from the provider and from the awarding universities met by the team were able to clearly articulate their understanding of their responsibilities for quality of courses delivered in partnership with the respective awarding bodies and awarding organisation. Furthermore, the external examiner reports and the responses from the relevant awarding bodies and awarding organisation to the provider's annual monitoring processes also, on balance, supported the view that they considered courses delivered in partnership to be of high quality. Students commented favourably about the quality of their course and were very satisfied, on balance, when it came to the provider's programmes being validated by university partners.</p>
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				The assessment team concludes, therefore, that the Core practice is met.
Q9	The provider supports all students to achieve successful academic and professional outcomes.	Met	High	<p>The assessment team concludes that the provider's approach to student support facilitates students' achievement of successful academic and professional outcomes. The provider's plans for supporting students to achieve are set out in the provider's strategy and policy documents, which are robust and credible, and are reviewed by the deliberative committees and through student feedback. The plans are also comprehensive, supporting students at all stages of their academic journey. The provider's plans for supporting successful professional outcomes for students are set out in the provider's Careers Strategy, which incorporates a three-year development plan for the provider's Careers and Employability Service. Although the team noted that the provider does not have a specific personal tutorial policy, it was assured that the provider's approach of signposting students to relevant central services for support and guidance, where required, was appropriate and effective.</p> <p>Staff who the team met understand their role in supporting students towards successful academic and professional outcomes. Assessed student work, on balance, demonstrates that staff provide students with comprehensive, timely and helpful feedback, although in some cases the feedback would benefit from more detail on areas for development and how students can improve their work.</p> <p>Students who the team met were positive about the support received throughout their studies. They knew where to raise concerns if they had them and regard the</p>

				<p>support services available to them as accessible and effective. Students commented that more notice of formative assessments and time between formative and summative submissions would be beneficial in some cases, they were otherwise very positive about the support available to them towards their successful academic and professional outcomes, and particularly appreciated the wellbeing support available.</p> <p>Therefore, the assessment team concludes that the 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 in September 2022 for David Game College Ltd.

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:

Name: Mr Jonny Barnes
Institution: formerly Solent University
Role in assessment team: Student assessor

Name: Mr Michael Cottam
Institution: formerly Myerscough College
Role in assessment team: Institutional assessor

Name: Dr Emma Jeanes
Institution: University of Exeter
Role in assessment team: Subject assessor

Name: Ms Sarah Mullins
Institution: formerly DN College Group
Role in assessment team: Institutional assessor

The QAA officer for the assessment was: Jo Miller

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 David Game College Ltd

David Game College Ltd has four main departments operating as: David Game College (DGC); University Foundation Programme (UFP); Kensington Academy of English (KAE) and David Game Higher Education Centre (DGHE), and is a private company limited by shares.

David Game College Ltd is solely owned by Mr David Game and managed by its Board of Directors which is accountable for all college activities and is the ultimate executive and

decision-making body of the organisation. The Board delegates responsibility for day-to-day running of the organisation (operational management) to the College Leadership Group (CLG). Departmental management is the responsibility of separate senior management teams reporting directly to the CLG. The directors also have lead management responsibility for each of the departments but may delegate power to committees and specified management groups. The College Leadership Group is comprised of senior and departmental management team members from the various departments across the College, including the Head of David Game Higher Education Centre.

The Board of Directors delegates responsibility for maintaining and enhancing academic quality and standards to the Academic Board. The Academic Board is the principal advisory body with overall responsibility for academic governance and is chaired by the Head of Academic Delivery and Development. The Academic Board retains oversight for academic quality and standards; however, the responsibility and accountability for enhancement of teaching and learning strategies is devolved to each school, and respective Heads of School and Programme Managers.

David Game Higher Education Centre (DGHE), the provider, offers courses across Level 5 and 6 in the areas of business, health and social care, public services and criminology, and art and design.

The provider has an existing partnership agreement with [REDACTED] and current franchise agreements with [REDACTED] and the [REDACTED]. A partnership with [REDACTED] ended in May 2022.

The provider's strategy is a change of registration category with the Office for Students. David Game Higher Education's strategic plan 2023-28 notes that resource development plans will be implemented to begin application for degree awarding powers by 2027-28.

The provider offers a range of undergraduate courses. They are as follows:

Programme delivered	Level	Awarding body/organisation	Type of provision	Number of full-time students
BTEC HND Business	5	[REDACTED]	Full-time, on campus	77
BTEC HND Public Services	5	[REDACTED]	Full-time, on campus	174
BTEC HND Art & Design	5	[REDACTED]	Full-time, on campus	34
BA (Hons) Business Management	6	[REDACTED]	Full-time, on campus	14
BSc (Hons) Health & Social Care	6	[REDACTED]	Full-time, on campus	9
BSc (Hons) Criminology & Criminal Justice (Top-up)	6	[REDACTED]	Full-time, on campus	16
BA (Hons) Visual Communications (Top-up)	6	[REDACTED]	Full-time, on campus	5

From the commencement of the 2022-23 academic year, David Game Higher Education will offer BA (Hons) Business Management (with Foundation) and BA (Hons) Business Management in franchise with [REDACTED] and a BSc (Hons) Health & Social Care Leadership & Management in partnership with the [REDACTED]. A BA (Hons) Business & Marketing Management in partnership with the [REDACTED] is planned to commence in March 2023.

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* (July 2022).

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, using the random sampling calculator, the assessment team sampled the following areas for evidence for the reasons given below:

- The team reviewed a simple random sample of 68 admissions records from a total undergraduate student cohort of 330 admissions applications. This sample relates to the 2021-22 academic year. The admissions sample included the relevant admissions record including application and outcome for students, including any staff evaluation of applicants. Separately the team considered two examples, each including admissions records, for applicants who have a declared learning difficulty or disability, applicants applying for APL/APEL, rejected applicants, admissions complaints and appeals.
- The team reviewed a simple random sample [ASW] of 130 individual pieces of student work from 103 students derived from a total student body of 329 for the 2020-21 academic year. The work was submitted for modules across Levels 5 and 6. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.
- The team considered a representative sample of 14 job profiles and accompanying academic qualifications and professional accreditations, covering senior leadership, operations staff support, and programme lead and tutor roles for staff working at the provider.
- Observation of teaching and learning was not undertaken as the visit occurred prior to the commencement of the 2022-23 academic year. However, the team had

access to the online learning platforms for all programmes within scope to review online resources for learning and teaching.

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* (July 2022).

How any samples of evidence were constructed

4 The team reviewed a simple random sample [ASW] of 130 individual pieces of student work from 103 students derived from a total student body of 329 for the 2020-21 academic year. The work was submitted for modules across Levels 5 and 6. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.

What the evidence shows

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

6 There is clear documentation setting out the nature of the arrangements and agreements between the provider and the respective partners on a franchise basis (although some documentations refer to 'or are titled Validation', all details within refer to a franchise arrangement). The franchised programmes remain the overall responsibility of [REDACTED] as the awarding organisation, and the awarding bodies as set out in: the [REDACTED] Collaboration Agreement Oct 2020 [006] and [REDACTED] Validated Programme Schedules; [007] the [REDACTED] Franchise Validation Agreement; [005] the [REDACTED] Approval Report for Franchised Delivery; [071a] and The Business and Technology Education Council (BTEC) Centre Guide to Quality Assurance. [033]

7 The BTEC Higher Nationals Centre Guide to Quality Assurance, [036] the [REDACTED] Agreement [004a] and the [REDACTED] Delivery Approval Report [029] set out clearly who is responsible for the programme content, development or oversight of assessment, marking moderation and external examining arrangements and set out the processes of monitoring and review which all partners require.

8 These agreements are also reinforced by other policy documents such as the [REDACTED] External Examiner Policy [123b] (confirming the detail of the appointment process of the external examiners by the awarding body), the [REDACTED] Operation Manual [123a] (setting out the marking and moderation arrangements and external examiner appointments which are managed by the awarding body). These documents set out clear policies and processes for the setting and maintenance of standards, the responsibilities of provider/awarding body or awarding organisation. As franchised arrangements the provider remains responsible for the delivery not the design of the programmes, but responsibilities are shared with respect to the assurance of standards.

9 In addition to ensuring compliance with awarding partner regulations and monitoring and review processes, the provider's Quality Assurance and Enhancement Handbook [044] provides an overview of the internal governance arrangements and information related to course design and approval, monitoring and review, assessment policies and procedures and recognition of prior learning to enable a full understanding of the underpinning arrangements in place to ensure both quality and standards. The handbook includes terms of reference for relevant boards, panels and committees [044 p18-26] which provide a clear overview of the membership, operating guidelines and responsibilities. The handbook states that the Academic Board is the principal advisory body for the provider and has oversight of quality and standards. [044] The provider's Policy on Design and Development and Approval of New Programmes [037] sets out a process for the internal verification and approval of new programmes and the Approval of New Programmes Policy [030] demonstrates how new programmes are approved in practice. The Strategic Plan [008] sets out that the provider plans to continue working in franchise arrangements with an ambition to develop its own programmes in future validated by an awarding body. The team confirms the provider's plans for maintaining standards are robust and credible because they are closely aligned with the awarding bodies/awarding organisation academic regulations, policies, and academic partnership processes, which align appropriately in the setting and maintenance of sector-recognised standards.

10 In relation to assuring standards for new programmes the provider's Quality Assurance and Enhancement Handbook [044] notes that all new programmes follow an internal process before consideration by an awarding body or organisation, with proposals being considered by the Academic Board initially in relation to resources and market appeal, before progressing to the Programme Approval and Review Panel (PARP). The PARP has responsibility for the scrutiny of new programmes, consideration of changes to programmes and of periodic review. [044] The Design, Development and Approval of New Programmes [037] policy provides additional detail on the process outlining each stage of the process and the role of the PARP in assuring that standards are met. Once the internal processes are complete the programmes then follow the approval processes set out by the relevant awarding body/organisation. Staff were able to discuss the development of new programmes in relation to both internal and external processes [M1 Senior Leadership Team, M3 Academic Staff, M7 Programme Managers] and an example of internal consideration was provided, [030] along with a summary of the market analysis. [038]

11 The awarding bodies are responsible for the programmes design and the team found the mapping to be consistent with the Framework for Higher Education Qualifications (FHEQ). The awarding bodies hold responsibility for the awards made and for ensuring they meet the sector-recognised standards. The team reviewed the programme specifications [031, 048d-f] and considered the learning outcomes to be appropriate for the subject, appropriately mapped against modules, and benchmarked against relevant qualification frameworks aligning with sector-recognised standards.

12 Dependent on programme and respective awarding body or organisation, as

appropriate, the provider either receives or sets the assignment (in consultation with the awarding body) and marks assessment according to the provider's Assessment and Internal Verification Policy. [049] The Assessment and Internal Verification Policy [049] is credible and robust because it provides a clear and comprehensive overview of the conduct of formative and summative assessment and grading, internal verification and standardisation processes and the role of external examiners. It was evident in discussions with the Programme Managers [M7] that there was constructive dialogue with partners over the setting of assignments and that partners were open to learn from the provider; this gave the team confidence that the provider was actively considering and reviewing the materials provided by the awarding bodies.

13 The learning outcomes and criteria for assessment are set out clearly on the assessment rubric [ASW Assessment Briefs] as provided by the awarding bodies or awarding organisation, which are clearly mapped against the FHEQ. Grading and feedback sheets [ASW Assessment Briefs] align with the FHEQ, providing feedback aligned to requirements at each level (threshold and beyond) and students are provided with clear guidance [ASW] as to what is required to meet threshold standards. The provider runs regular assessment sub boards where assessments are reviewed by a panel to ensure they are appropriate to the learning outcomes and enabling students to achieve the threshold level to achieve the award. The Assessment Sub Board Minutes [078, 117] indicate a robust process with a high level of detail in the scrutiny and the use of the awarding organisation's assignment checking service.

14 The partnership agreements [004a, 005, 006] indicate that for all but one of the programmes work is moderated by the awarding body/organisation. For [REDACTED] Health and Social Care Leadership and Management programmes work is both marked and moderated by the provider. The involvement of the awarding bodies/awarding organisation in the moderation of the work (the one programme excepted) and annual review processes supported the provider in its achievement of the relevant standards.

15 Samples of assessments and internal verifications [053a-g] require the provider's internal verifier to assure themselves that the grade is justified based on the feedback on the student work; the samples reviewed include candidates graded at the threshold level. Standardisation forms [077, 116] are used to confirm consistency of marking standards; these indicate the sampling of the assignments for each module and give detailed first and second marker comments against all aspects of the question set. Although there are some differences, these were within an acceptable range and included many examples of grades around the threshold level which are reviewed. For example, in a case where one marker awards a grade just about threshold and a second marker just below, a third marker is utilised to confirm the grade in this case below the threshold. [077] Discussions with staff demonstrated that they understand and apply the provider's approach to setting and maintaining standards; [M3 and M7] the provider's policies and verification and standardisation practices ensure these are met in practice.

16 Annual reviews are conducted by the provider for the awarding bodies and awarding organisation, evidenced by the provider's Matrix Standard Annual Continuous Improvement Checks, [023a-c] [043e] [REDACTED] Partner Annual Monitoring Record [43e] and Collaborative Provision Course Enhancement Review, [43f] [REDACTED] Academic Management Review Report, [046] [REDACTED] Academic Programme Monitoring Report 2020_21, [045] Excerpts from the [REDACTED] AMRP 20-21, [72a] [REDACTED] Partner Annual Monitoring Record [141a] and Collaborative Provision Course Enhancement Review. [72b, 141b] This provides assurance that opportunities for improvement are identified, and action plans put into place and reviewed annually. The reviews identify no concerns around marking at the threshold level or the quality assurance

processes that the provider uses in meeting and maintaining these levels. The external examiner reports confirmed that standards had been met in the marking against threshold standards, [041, 043 a-f] although there is some reference to improvements that could be made in feedback to make it less generic. [043] The awarding organisation's external examiner reports are particularly detailed and appear thorough in considering and confirming that assessments are appropriate and threshold standards have been met.

17 The provider's Academic Board minutes [021] demonstrate that where there is a need for improvement on assessment, feedback and standardisation between markers actions have put in place to address this, and the provider has the appropriate mechanisms as outlined in its Assessment and Internal Verification Policy [049] as well as through the Programme Managers to improve standards. These minutes [021] also demonstrate that the external examiner comments are reviewed; marking around the threshold level was not indicated as a concern. Each programme also has programme management meetings, which are considered a key means for assuring standards by the Programme Managers [M7] and evidence from the Programme Management Committees [042a-e] demonstrates engagement with processes of review and action being taken to address concerns. The provider's Annual Self-Assessment [094a-b] reviews the performance of students across all subjects on a module-by-module basis against threshold level creating a RAG alert system by programme/module. This review also draws on a wide range of data including reports from external examiners and creates action plans to improve pass rates. The high failure rates, although problematic, also reflect the robust marking at the threshold level.

18 The discussions with representatives of [REDACTED] [M5] and [REDACTED] [M4] confirmed that they are satisfied with the provider's engagement with their standards; both stressed that they had no concerns with the partner in the delivery and assessment of their programmes. This confidence was supported in the annual reviews of the provider undertaken by the awarding bodies for [REDACTED] Collaborative Provision Course Enhancement Reviews [043f, 072b, 141b] for [REDACTED] and awarding organisation.

19 The learning outcomes detailed in the programme [099a-b] and module specifications [069a-h] are consistent with the sample of assessed student work [ASW] reviewed. Each assignment brief clearly sets out the learning outcomes for the module and how they are mapped onto the assignment in question. The brief also sets out what is required of students to reach threshold standards and feedback is then given against this standard. Learning outcomes are appropriate to the level of study in line with the FHEQ criteria both within modules and across the modules made available to students. [current list accessed Sept 2022: Study at DGHE | David Game Higher Education] The assessment team took the view that the standards articulated in the definitive course documentation are consistent with relevant national qualifications' frameworks and sector-recognised standards.

20 The assessed student work sampled [ASW] included a range of grades, many of which were below or just above threshold level. The sample, which drew from across the programmes delivered by the provider, included the assessed work, the marking criteria mapped against the learning outcomes, and the feedback provided to the student. This sample gave the team confidence that credit and qualifications are awarded only where the relevant threshold standards have been met as the grading was broadly consistent and robustly marked with clear feedback given explaining why the threshold had/had not been met. The assignments given to students clearly set out requirements at threshold level often with a high level of specificity regarding what is required to meet the award standards. The outcome of grading is recorded on a mark sheet that demonstrates which learning outcomes the student has met in line with FHEQ standards for the awarding body. The team confirms that the assessed student work demonstrates that credit and qualifications are awarded only where the relevant threshold standards have been met.

21 The provider is responsible for ensuring it delivers the programmes in accordance with the programme specifications, and discussions with the academic staff [M3] and Programme Managers [M7] gave the team confidence that they had a good understanding of the programme specifications and responsibilities shared and allocated between provider and awarding bodies or organisation, as appropriate. In discussion [M7] the Programme Managers were able to clearly articulate the different arrangements for the setting and marking of work and creation of course content. Discussions with the awarding bodies [M4 and M5] led the team to conclude that the awarding body also felt the provider clearly understood and met their expectations and that of the programme in respect to supporting and appropriately recognising when students reached threshold level. Therefore, the assessment team's view is that approaches for maintaining threshold standards are fully understood by staff.

Conclusions

22 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.

23 From the evidence seen, the assessment team considers that the standards set for the provider'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 programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies should ensure that standards can be maintained appropriately. The partnership agreements clearly set out the responsibilities in the relationships and all evidence suggests that the provider engages effectively with these. The provider has robust and appropriate policies and processes to enable it to ensure its standards of quality assurance. Programmes and modules have well defined learning outcomes and assessments are clearly mapped to these outcomes. The responsibility for assessment setting is clearly defined and effectively monitored. Academic staff and programme leaders demonstrate understanding of these standards and their responsibilities. External and annual reviews confirm the satisfaction of the providers and external examiners of the robustness of the provider's processes and outcomes. A review of the assessed work confirms that marking is consistent with the FHEQ and that the learning outcomes assessed are clearly indicated to the students such that they know what to do to achieve threshold levels.

24 The assessment team considers that, based on the evidence scrutinised, the standards that will be achieved by the provider's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. Therefore, based on scrutiny of the evidence provided, the assessment team concludes that this Core practice is met.

25 The assessment team was able to review all the evidence recommended in Annex 4, this evidence was triangulated in meetings with three different staff groups and the awarding bodies. Therefore, the assessment team has a high 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

26 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.

27 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* (July 2022).

How any samples of evidence were constructed

28 The team reviewed a random sample [ASW] of 130 individual pieces of student work from 103 students derived from a total student body of 329 for the 2020-21 academic year. The work was submitted for modules across Levels 4 to 7. Each sample included pieces of assessed work, the assignment brief, intended learning outcomes, assessment and marking criteria, marked work and the feedback provided to the student.

What the evidence shows

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

30 The partnership agreements between the provider and the awarding bodies ([REDACTED]) and awarding organisation ([REDACTED]) [004a, 005, 006 respectively] set out the responsibilities for the setting of assessments, marking, moderation and external examination of work through which the provider maintains its standards. The provider's Quality Assurance and Enhancement Policy [044] sets out the specific practices for ensuring that sector-recognised standards are maintained through assessment sub boards which are responsible for the setting, scrutiny, and internal verification of assessments to ensure all learning outcomes are fulfilled and assessed, and instructions are clear and the role of external examiners as part of its quality assurance in ensuring standards are comparable with other UK institutions. The provider's Quality Assurance and Enhancement Policy [044] also aligns with its partners' quality assurance processes, comprising the partnership agreements [005, 006] and the Business Technology and Education Centre (BTEC) Centre Guide to Quality Assurance [033] and BTEC/ [REDACTED] Academic Standards and Quality Assurance. [036] The provider also utilises standardisation processes as set out in the Assessment and Internal Verification Policy. [049] The handbook states that the Academic Board is the principal advisory body for the provider and has oversight of quality standards. [044]

31 The provider utilises its partners' module outlines. [069a-h] Those reviewed of the awarding organisation ([REDACTED]) show extensive detail with respect to the learning outcomes at all levels with specific details regarding the information students need to achieve at all levels including beyond threshold level. The assessments set by the partners map the specific expectations for all levels of achievement set in the module outline to the assignment providing students with a clear framework in the assessment brief. The provider completes the marking against each level mapped against the relevant learning outcomes for that assessment, which is provided to students as part of the feedback on their assignments where marking is set against the threshold and beyond threshold on a met/not met basis for merit and distinction. [ASW] The team found that the provider has clear

academic regulations and frameworks to support the maintenance of academic standards beyond the threshold level.

32 The structure of assessments for (and approved by) [REDACTED], on balance, map the expectations against sector recognised standards for the relevant levels, differentiating grades at thresholds beyond satisfactory pass to good, very good, excellent and outstanding, adapting the generic level descriptors to suit the assignment task as part of the assignment brief. [ASW] The structure of assignments for (and approved by) [REDACTED] provided guidance around the criteria based on learning outcomes but did not provide the same level of detail in terms of mapping against all levels beyond threshold in the few examples included in the sample. [ASW] Although there is some variability in level of detail, the team found that these are consistent with the sector recognised standards.

33 The external examiners across the programmes confirm that standards beyond the threshold level are reasonably comparable with those in other UK providers because the external examiner reports [041, 043] reflect favourably on the marking standards set, although improvements are recommended in some cases for the improvement in feedback to support students to achieve beyond threshold levels. One report [43g] makes reference to the necessity of the internal moderation processes due to overly generous marking which demonstrates the effectiveness of the moderation process. The provider's response to one external examiner's report [119a] notes that the external examiner states that the standards are met 'in part' but this is not clarified further. Since comments by external examiners that marking was not comparable are isolated, the team considers that, on balance, external examiners identify standards at all levels to be comparable.

34 Formative assessment plays an important role in supporting students to achieve beyond threshold levels and the need for the development of this has been identified by the provider as an area for improvement in the provider's Annual Reviews [094a-b] and Academic Boards [021] and this is also reflected in the student feedback both in person [M8] and through anonymous student feedback [024, 077c, 106, 101e, 112] in which clarity of assessment and quality of formative feedback is questioned. In response to Course Evaluations [077a-d, 110] in which students note that the feedback 'sometimes...doesn't help much', the Observations on Course Evaluation Summaries [123c] set out the role of the Head of Academic Delivery and Development, and Programme Managers (also through internal verification processes) to improve the quality of feedback. The team's review of the assessed student work [ASW] sample, which primarily considered summative rather than formative feedback, indicated that feedback was often limited and might not always be sufficient to enable students to achieve beyond threshold levels [ASW] - an observation that is also made by some external examiners. For example, The [REDACTED] External Examiner Module Review [041] indicates that the marking is broadly appropriate as the 'teaching, delivery, and preparation of the teaching materials meets the HEA/QAA standards' but also notes the need to provide more detailed feedback so that 'students are supported to achieve higher and good grades'. But as was noted in the [REDACTED] Academic Progress Monitoring Report, [045] there was also good quality feedback given too, and this was also evident in the assessed student work sample [ASW] of work reviewed. It was noted by some students in discussion that they receive less feedback as they progress to Level 6 but overall their perspective was positive, and they felt supported. [M8]

35 The marking process, and internal verification and standardisation process is robust and credible because it is clearly set out in the Assessment and Internal Verification Policy [049] (see S1) and this is demonstrated through the samples of assessments and internal verifications [053a-g] which demonstrated reviews of marking at all levels; sampling was undertaken across the module and at all levels beyond threshold. The differences in marking

in these documents indicate robustness in the marking process at all levels beyond threshold, with detailed comments explaining decisions against the relevant levels. The Standardisation Forms [077, 116] which set out the detailed comments by first and second marker against the components of the assignments with some disagreements in the levels awarded indicate that this process is effective with the use of third markers where necessary.

36 Sampled assessed student work [ASW] reflects that students are awarded grades above threshold levels where the relevant standards have been met. There were also examples of grading where the feedback given and the grade and quality of work submitted did not align, [ASW] but these were isolated, and this would not impact the overall judgement of whether the marking is appropriate for levels beyond threshold. Some external examiner comments note that some grades are 'high against [FHEQ] benchmark standards' [043g] but these are exceptional and not the rule.

37 In discussions, students indicated that they understand the assessment criteria and feel appropriately supported. [M2 and M8] Some examples of assessment [ASW] reviewed demonstrated the level of feedback given is constructive and developmental. The mapping of feedback against threshold and beyond threshold levels against learning outcomes provides students with a transparent and clear marking framework. Where there is need for improvement in feedback it is noted that this has been identified by the provider [094a-b; 021] and action plans had been put into place. The team found that assessed student work demonstrates that credit and qualifications are awarded only where the relevant standards have been met.

38 Members of the academic teaching staff [M3] and Programme Managers [M7] were able to describe their responsibilities in respect of standards beyond the threshold level, and the requirement to comply with the regulations and policies of the awarding body or awarding organisation, as appropriate. The various minutes including Academic Board [021] and reviews undertaken by Programme Management Committees [042a-e] also demonstrate senior staff engagement with their leadership responsibilities to assure standards. Overall, the team was assured that staff understand and undertake their responsibilities in respect of maintaining standards.

Conclusions

39 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 4 and 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.

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

41 The assessment team also considers that the provider's policies and processes are appropriate for the assurance of the relevant standards beyond thresholds in terms of the design and delivery of their programmes and assurance of outcomes. The programme and module outlines utilised clearly demonstrate the mapping of learning outcomes against

standards beyond threshold and how they are communicated to students. The external examiners confirm that standards beyond threshold are consistent with the relevant national qualifications' framework, and credit and qualifications are awarded only where those standards have been met. Where there is need for improvement in feedback it is noted that this has been identified by the provider and action plans had been put into place. Assessed work sampled showed clear marking against standards set out in the module outlines. Staff understand and apply the provider's approach to setting and maintaining standards, the programme managers and tutors demonstrated understanding of the summative and formative assessment processes.

42 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.

43 The assessment team was able to review all the evidence recommended in Annex 4, this evidence was triangulated in meetings with three different staff groups and the awarding bodies. Therefore, the assessment team has a high degree of confidence in this judgement.

S3 Where 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

44 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.

45 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* (July 2022).

How any samples of evidence were constructed

46 The team reviewed a simple random sample [ASW] of 130 individual pieces of student work from 103 students derived from a total student body of 329 for the 2020-21 academic year. The work was submitted for modules across Levels 4 to 7. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.

What the evidence shows

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

48 The provider has partnership arrangements in place to deliver programmes awarded by three partners, and as such have arrangements in place to ensure these partnerships are managed effectively. The Collaborative Working Policy [015] sets out the provider's proactive approach to seeking out collaborative arrangements that support widening participation, providing or enhancing student progression routes, accessing new markets and engaging with business and industry. The document outlines the existing partnership with [REDACTED] and the current franchise agreements with [REDACTED]. Due to the nature of the partnerships, discussed in more detail below, the setting of academic standards is the ultimate responsibility of the awarding body or organisation, with the provider following the relevant regulations and external processes to ensure the maintenance of standards. The provider also has internal processes to underpin these, particularly in relation to the [REDACTED] provision. In addition, the provider states that the current programmes do not contain formal work placements, although there are historic references to these within the evidence provided (please see Q8).

49 The provider has a franchise agreement with [REDACTED]. The [REDACTED] Franchise Validation Agreement 2022-2023 [005] outlines the arrangement clearly, noting the university maintains control of both the programme and the quality assurance aspects of the programme. The agreement notes that the provider must deliver the programme in accordance with the university's regulations, policies and procedures and in accordance with the programme specification set out by the University. The [REDACTED] Operations Manual [123a] provides further detail, it is a robust document which clearly sets out the responsibilities for various elements related to standards, quality and programme delivery. This is further supported by the [REDACTED] responsibilities checklist [034] showing that the awarding partner has responsibility for annual review and shared responsibility for the use of external expertise, setting

assessments and moderation. All the documents related to the partnership [005, 123a, 034] align effectively. These responsibilities are also in line with the [redacted] regulations and policies provided, for example the Annual Monitoring Policy, [annual_monitoring.pdf [redacted] accessed 15/09/22] which notes that the policy applies to all programmes regardless of where they are delivered, and the External Examining Policy [external_examining.pdf [redacted] accessed 15/09/22] noting that appointment and expectations are the same for collaborative partners. This is also supported by the provider's Quality Handbook [044] which confirms that external examiners are appointed by the partner and notes that awards are confirmed at the partner examination and module boards.

50 Similarly, [redacted] Collaborative Agreement October 2020 [006] clearly outlines the university and provider obligations for the differing partnership types, noting the University's ultimate responsibility for quality assurance and standards. This is supported by the [redacted] Validated Programme Schedules [007] which provides a clear list of responsibilities for the three franchised programmes. This is further supported by the [redacted] responsibilities checklist [035] showing predominantly shared responsibilities. The three documents [006, 007, 035] align effectively. These responsibilities are also in line with the [redacted] regulations, policies and procedures provided. [Quality Handbook 2021-22 - Knowledge Base [redacted] accessed 15/09/22]

51 The [redacted] Agreement [004a] outlines the awards approved for delivery. The [redacted] Responsibilities checklist [152] outlines the provider and awarding organisation responsibilities clearly. These responsibilities align with the [redacted] BTEC Centre Guide to Quality Assurance 2021-2022 [033] and the BTEC Higher Nationals Centre Guide to Quality Assurance and Enhancement 2021-2022, [036] which are utilised by the provider, as well as the provider's Quality handbook. [044]

52 The team formed the view that partnership agreements are clear and comprehensive, up-to-date and reflect the provider's regulations for the management of partnerships.

53 For both [redacted] and the [redacted] programmes are predominantly developed by the awarding partner, following their processes for setting academic standards, as set out in the [redacted] Operations Manual [123a] and [redacted] Quality Handbook 21-22. [Quality Handbook 2021-22 - Knowledge Base [redacted] accessed 15/09/22] There are areas within this where the provider has increased responsibility, such as for Foundation years not delivered at the partner; however, these are developed in partnership with, and with the oversight of, the awarding body. [M1 Senior Leadership Team, M3 Academic Staff, M7 Programme Managers] The use of external experts in the setting and maintenance of academic standards and the processes for assessment and classification are discussed in more detail in S4; however, it is worth noting that the provider follows the awarding partners' processes in relation to this in order to ensure standards are credible and secure.

54 To monitor and review the maintenance of academic standards and to ensure academic standards are credible and secure in relation to [redacted] programmes, the provider follows the annual review processes that are set out in the Annual Monitoring Policy, [annual_monitoring.pdf [redacted] accessed 15/09/22] which states this applies to all taught programmes regardless of where they are delivered. Similarly for the [redacted] programmes the provider follows the Course Enhancement Review process, as set out in the Quality Handbook 21-22, [Quality Handbook 2021-22 - Knowledge Base [redacted] accessed 15/09/22] which applies to all university courses including franchise and validated provision, and is part of the Periodic Review of Schools process, which includes consideration of collaborative provision. Examples of this in practice

are available [043e, 043f] and the expectations for annual review were confirmed by representatives from each of the partners. [M4, M5] In addition, the [REDACTED] [REDACTED] has termly strategic meetings with the staff of the provider, [143a-e] discussing current and future plans and expectations to support an effective working relationship. [M5]

55 The provider follows the guidance set out in the BTEC Centre Guide to Quality Assurance 2021-2022 [033] and the BTEC Higher Nationals Centre Guide to Quality Assurance and Enhancement 2021-2022 [036] as the basis to ensure and maintain standards in relation to [REDACTED] programmes. The BTEC Centre Guide [033] clearly sets out the quality assurance expectations and the BTEC Higher Nationals Centre Guide to Quality Assurance and Enhancement 2021-2022 [036] outlines expectations in relation to programme specifications, assessment setting, internal and external verification, assessment boards and annual review. The Annual Programme Monitoring Report [045] and the Academic Management Review Report [035] show this in practice and the meetings with relevant staff confirmed this process takes place and is understood. [M1 Senior Leadership Team, M3 Academic Staff, M7 Programme Managers]

56 The team noted that the provider's Quality Handbook [044] contains more detailed information for [REDACTED] provision, for example, when outlining monitoring and review, the handbook identifies the [REDACTED] process of an Annual Programme Monitoring Report and an Academic Management Review Report, but only notes that in the case of collaborative provision with a franchised or validated programme the provider will follow their processes. In addition, while the handbook refers to both [REDACTED] and [REDACTED] directly, [044.4.1.2] it does not refer to processes for [REDACTED]. The team tested the understanding of staff to ensure that this did not impact on awareness of university processes and found staff could confidently outline the processes for monitoring and review for the programmes that were relevant to them. [M3 Academic Staff, M7 Programme Managers]

57 The external examiner reports [043a-d; 043g-k; 043m-n] considered by the assessment team all agree that standards are secure and confirm that effective moderation processes have taken place. The reports are, on balance, positive; there are some comments noted by the external examiners on the [REDACTED] programmes around generic feedback and the recommendation that the [REDACTED] checking service is utilised. However, the assessment team concurs that these comments do not highlight concerns in relation to standards or the partnership arrangements.

58 The team's examination of assessed student work [ASW] from the 2021-22 academic year confirmed that the standards of awards delivered on behalf of the two partner awarding bodies and awarding organisation are credible and secure. The team concluded that this confirms the effectiveness of the underpinning arrangements.

59 The meeting with senior staff [M1] confirmed that they understood their responsibilities. Academic staff were also able to outline their responsibilities in relation to academic standards for the different awarding bodies and organisation, [M3] for example they were able to identify where assignment briefs would be provided and where this was their responsibility, and how these would then be checked through internal processes to ensure the maintenance of academic standards. Programme Managers [M7] confirmed the partnership arrangements and again were able to articulate their responsibility within these. The comments from all staff aligned with the information in the partnership agreements and supporting documentation. [004a, 005-007, 123a]

60 The meeting with representatives from [REDACTED] [M4] and the [REDACTED] [M5] highlighted the positive relationship between the

universities and the provider, confirmed the responsibilities as outlined above and in the relevant agreements, [005, 006, 007] Operations Manual, [123a] and the termly strategic meetings. [143a-e] The representatives confirmed that there were no concerns in relation to the provider's practice in relation to the setting and maintenance of academic standards.

61 The meetings overall provided confidence that there is a good understanding of responsibilities across staff groups and awarding partners. It also identified that relationships were positive and that no concerns had been raised to date. The team also noted that students were aware of the different partnerships, and due to some students being attached to more than one partner during their educational experience, they also showed some awareness of the differing roles and responsibilities. [M8]

Conclusions

62 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.

63 The assessment team concludes 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. This is because the provider follows the regulations, policies and procedures provided by the awarding bodies and organisations, including robust monitoring and review processes for each awarding partner, to ensure this takes place.

64 The responsibilities are clearly set out in the relevant partnership agreements and meetings with both the provider's staff and representatives from the awarding bodies confirm these are understood. Supporting evidence is also available to see these take place in practice. Neither the external examiners nor the awarding partners identify any concerns in relation to standards, suggesting they are credible and secure, and consideration of students' assessed work further supports this.

65 The assessment team concludes, therefore, that the Core practice is met.

66 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix, except for third party endorsements. The assessment team therefore has a high degree of confidence in this judgement.

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

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

68 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* (July 2022).

How any samples of evidence were constructed

69 The team reviewed a simple random sample [ASW] of 130 individual pieces of student work from 103 students derived from a total student body of 329 for the 2020-21 academic year. The work was submitted for modules across Level 4 to 7. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.

What the evidence shows

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

71 The provider's use of external expertise is predominantly through interaction with the external examiners following the expectations set out by the awarding partner. As set out in both the [REDACTED] Operations Manual [123a] and supported by the relevant responsibility checklist, [034] the external examiner is appointed by the University.

72 The [REDACTED] External Examining Policy and Procedure Guidance [123b] sets out expectations for [REDACTED] external examiners, including where there is franchised provision with a collaborative provider in line with the expectations set out in the partnership agreement [006] and responsibilities checklist. [035]

73 In relation to the [REDACTED] provision, external examiners are appointed by [REDACTED] and the provider follows the process as outlined in the BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment [036] in order to ensure that internal assessment is to a national standard that allows for certification and to make recommendations around quality. This also aligns with the [REDACTED] responsibilities checklist. [152]

74 The team was able to identify robust mechanisms for the use of external examiners and robust regulations, policies and processes for assessment and classification, for each of the awarding partners, as well as the provider's effective internal mechanisms to support this.

75 There are also elements of external expertise used within the development of new programmes as outlined in the provider's Design, Development and Approval of New Programmes process, [037] including the use of an 'external opinion' related to the viability of a programme and the comparability and appropriateness of academic standards.

76 The external examiner reports provided [043a-d, 043g-k, 043m-t] confirm that external examiners are utilised to comment on standards and assessment, in line with the expectations of the awarding partner. In addition, the example responses to external examiner reports considered [043l, 119a-b] provide confirmation that the reports are responded to. The External Examiner Tracker [070] provided also outlines the external examiner comments received and actions taken; for example, improve assessment

scenarios to be localised and contextualised and use of digital portfolios which were discussed at assessment sub board. This suggests that the external examiners are used and responded to appropriately, which was further supported by academic staff [M3] and Programme Managers. [M7]

77 The provider's assessment and classification processes also follow the expectations set out by the awarding bodies and organisation, as appropriate. The [REDACTED] Operations Manual [123a] clearly sets out the responsibilities, noting the expected marking and moderation processes and Assessment Board expectations, which are held at the University and make the decisions regarding student results and reassessment opportunities.

78 The provider follows the [REDACTED] Academic Regulations [Academic Regulations for Taught Provision 2022/23 - Knowledge Base [REDACTED] accessed 15/09/22] which clearly note that all award and progression decisions are confirmed by a Board of Examiners on behalf of university Academic Board.

79 For the [REDACTED] provision the provider follows the Business and Technology Education Centre (BTEC) Centre Guide to Quality Assurance 2021-2022 [033] and the BTEC Higher Nationals Centre Guide to Quality Assurance and Enhancement 2021-2022, [036] which outline expectations around the assessment and classification processes. To further support standards for [REDACTED] awards, the provider has an Assessment and Internal Verification Policy [049] with detailed information on assessment setting, internal verification processes and grading and resubmission processes, this aligns effectively with the guidance in the [REDACTED] BTEC Centre Guide to Quality Assurance 2021-2022 [033] and the BTEC Higher Nationals Centre Guide to Quality Assurance and Enhancement 2021-2022. [036] This process can be seen in practice through internal verification of assessments. [053a, 053c, 053e]

80 In addition, the provider has internal processes to ensure secure assessment and classification processes for the [REDACTED] provision and to underpin the formal partner mechanisms outlined in the university policies and procedures. The provider's internal processes include the Assessment Sub-Boards, which meet two weeks before the start of the academic year. The Assessment Sub-Board is responsible for the setting, scrutiny and internal verification of assessment briefs. [044 Quality Handbook] The team confirms that the Assessment Sub-Boards provide an effective mechanism to interrogate the assessments and provide confidence that the assessment process meets expectations, with minutes showing active discussion [078] and staff agreeing this is a valuable process. [M3 Academic Board, M7 Senior Leadership Team]

81 The provider's Programme Assessment Boards meet once a term to review assessment decisions after Module Boards and relevant panels have taken place. [044 Quality Handbook] For the university partners these internal Module and Programme Assessment Boards prepare for and underpin the university mechanisms; [149a, b] for the [REDACTED] provision these Boards confirm decisions that then require final approval and release by the external examiner. [044 Quality Handbook] Programme Assessment Board minutes [149a-b] confirm that the Boards review the results and performance by school and consider at risk students, indicating this works in practice.

82 The provider maintains programme specifications for the HND provision [048a-c] which outline the qualification, the level and the credits clearly. The programme aims and learning outcomes are also outlined, alongside generic assessment information. The provider's Course Handbook for the HND Public Services [099a] includes clear information in relation to assessment regulations, including information on resubmission, progression and classification. The modules of study and credits are clearly outlined, alongside some

generic assessment information. The learning outcomes are not provided within this handbook; however, the programme learning outcomes are provided in the programme specification [048c] and the module learning outcomes are clearly articulated within the HND module assessment briefs provided [053b, 053d, 053f] and in those available within the assessment sample. [ASW] The assessment and grading criteria within the assignment briefs are clearly articulated in a way that ensures pass, merit and distinction expectations are clearly articulated and differentiated. The assessment briefs are available on the provider's virtual learning environment (VLE), placed in a prominent position within the modules seen during observation of the VLE, increasing transparency. The assessment and classification information is transparent to students, assessors and for internal and external verification.

83 For the [REDACTED] programmes the team considered the [REDACTED] programme specification for the BA (Hons) Business Management Top Up [031] which outlines the programme aims and outcomes, setting out the qualification, level and credits. Basic information is provided in relation to assessment regulations, with signposting for further information. This is further supported by the Module Descriptor [069a] which includes the module learning outcomes and clear information in relation to the module assessment strategy. The Programme Handbook for the BA (Hons) Business Management Top Up [099b] clearly outlines the programme learning outcomes and module information, including an outline of the assessment strategy for each module. Information on reassessment is provided, alongside a link to the relevant Academic Regulations. The assessment briefs made available within the assessment sample for this programme include a clear grading rubric, identifying the criteria graded against and the classification expectations for each. The assessment and classification information therefore is transparent to students, assessors and for moderation and external consideration. The assessment and classification processes are used reliably and fairly within the assessment sample [ASW] considered. The grading within the sample provided is fair and consistent and the dates on feedback provided suggest this is timely.

84 The assessed student work sample [ASW] examined for the [REDACTED] programmes included consideration of programme specifications [048d-f] which contained the learning outcomes and links to the relevant academic regulations. Brief information on the assessment strategy is provided; however, the level of detail differs across the specifications provided. The module descriptors also outline the learning outcomes and assessment type. [069b-d] The sample assessments for these programmes provide less evidence of transparency of marking as there is no grading rubric or grid to identify what might constitute a grade of 40 in comparison to a grade of 50. It is however clear that assessments are marked against the learning outcomes and the grades are, on balance, consistent. The assessment information is therefore transparent to students, assessors and for moderation and external consideration although the way in which these grades are classified is less clear within this element of the sample. The grading within the sample [ASW] did however appear fair and consistent and no issues were identified. The feedback was mainly undated impacting on the ability to comment on timeliness. However, evidence of moderation was apparent, in line with expectations for these programmes, for example moderation was seen on assessment grades above 70.

85 The team found that assessment and classification processes are used reliably and fairly within the assessed student work [ASW] sample considered. The grading within the sample provided appeared fair and consistent and the feedback was timely where dates were provided. There is clear evidence of the provider's internal verification and processes such as capping the resubmission grade to 40, which can be seen within the sample. [ASW] Overall, the team found that there were no issues identified in relation to reliability, fairness or transparency of assessment and classification processes, although there were some differences noted in relation to the detail provided to assess this.

86 Senior staff, [M1] academic staff [M3] and Programme Managers [M7] were all able to outline the requirements for external expertise and their role within this effectively. The staff were clear on any differences between awarding partner expectations in relation to this.

87 In relation to assessment and classification processes, senior staff [M1] were able to describe the processes for each of the awarding partners, and academic staff [M3] and Programme Managers [M7] were also able to outline the assessment and classification processes that were relevant to the respective awarding partners' programmes. In addition, all staff were able to effectively outline their role in both internal and external processes [M1, M3, M7] including their role in assessment setting, marking, moderation, and relevant internal and external boards. It was clear throughout that those roles and responsibilities were understood, even where these varied by awarding partner.

88 The Student Written Submission [000a] also shows positive survey feedback in relation to students' views on assessment and whether they consider this to be fair, timely and whether feedback is constructive. The Student Video Submission [000b] provides comment from interviewed students that further supports the view that the assessments are clear and transparent and that students are supported effectively to achieve. This was then supported in meetings [M2, M8] by the students who agreed that on the whole they felt assessment and classification were reliable and fair and, on balance, timely. There were some concerns raised in relation to the timing of formative feedback [M8] and whether this was provided in sufficient time to support the summative assessment. It was also noted that the formative expectations were different on the [REDACTED] programmes in comparison to the Top Up programmes. While the team felt the comments were worth noting, this does appear to be in line with the NSS scores [024] and, overall, students do appear to have confidence in the assessment and classification processes and outcomes.

Conclusions

89 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.

90 The assessment team concludes that external expertise is utilised effectively, with the provider aligning with the expectations of the respective awarding body or organisation in relation to this. Staff are able to effectively articulate the expectations for the use of external expertise, their role within this and could identify where this had led to change, and the team was able to identify evidence of this in practice. Fair and reliable assessment and classification processes are clearly outlined. These do differ for each awarding body or organisation; however, these are, on balance, transparent for students, assessors and those involved in internal and external moderation and staff were able to clearly articulate the differing expectations. No issues have been identified in relation to fairness or reliability of assessment and classification by external examiners or the team, although there were some differences noted within the assessment sample in relation to transparency of grading practices and ability to identify timeliness of grading and feedback. Meetings with staff confirm that they understand their role in relation to assessment and classification and students, on-balance regard the assessment and classification processes as reliable, fair and transparent.

91 The assessment team concludes, therefore, that the Core practice is met.

92 The evidence underpinning this judgement reflects all the evidence described in the QSR evidence matrix, except for third party endorsements. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

94 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* (July 2022).

How any samples of evidence were constructed

95 The assessment team reviewed a simple random sample of 68 admissions records, from a total undergraduate student cohort of 329 admissions applications for the 2020-21 academic year.

What the evidence shows

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

97 The provider's responsibilities for student admissions and recruitment are clearly identified in the relative collaborative agreements that the provider has in place with its awarding partners.

98 The [REDACTED] Franchise Validation agreement 2022-23 [005] and [REDACTED] Collaborative agreement Oct 2020 [006] partnership delivery plan (schedule 3) identifies that the partner is responsible for the aspects of the admissions process described in the Operations Manual, [123a] including the marketing and promotion of courses, provision of information to applicants, recruiting potential students through the relevant university's Universities and Colleges Admissions Service (UCAS) account, and completing the relevant university's enrolment process. The [REDACTED] Responsibilities Checklist [034] also confirms that responsibility for student recruitment and admissions lies with the provider although the team noted that the [REDACTED] Franchise Validation agreement 2022-23 [005] states that the university has the right to refuse enrolment of a student. However, the [REDACTED] Responsibilities Checklist [035] also confirms that responsibility for student recruitment lies with the provider and there is shared responsibility for student admissions.

99 The provider's admissions staff and members of staff from the awarding universities who met the team [M4, M5, M6] confirmed that there is effectively shared responsibility, as all applicants apply through the provider's online application form via its website, the provider then checks the admissions criteria, undertakes any interviews, and makes the offer decision. For [REDACTED] and [REDACTED] courses, applicants then use the relevant university accounts to apply via UCAS and the university undertakes any final checks on criteria before confirming the offer.

100 The [REDACTED] Agreement [004a] does not identify specific responsibilities but sets out the number of places that the provider is approved to offer for the [REDACTED] HND programmes run by the provider. Responsibility for recruitment and admissions for [REDACTED] programmes lies with the provider. Furthermore, the [REDACTED] Responsibilities Checklist [152] identifies that the provider is responsible for the recruitment and admission of students.

101 The team was satisfied that, together, the above documents provided a robust and credible framework for the recruitment and admission of students because the provider's

operational approach to the selection and admission of students is clearly set out in its Student Admissions and Recruitment Policy [087] and approved by the Recruitment and Admissions Committee. [086a] The policy details arrangements for student admissions and recruitment from provision of information through to enrolment and induction.

102 The Student Admissions and Recruitment Policy [087] is inclusive because it clearly details arrangements for applicants with learning difficulties or disabilities, admission with advanced standing and accreditation of prior learning, course-specific entry requirements, provision of information for applicants, recruitment activities, use of agents, how to apply, induction and enrolment and admissions complaints and appeals. Additionally, the provider's Equality and Accessibility Policy 2022-23 [016] states that an entry test is administered as part of the admissions process which identifies that the entry test is an English language test to ensure that applicants have the required level of English for the course.

103 The Student Admissions and Recruitment Policy [087] is fair because it is supplemented by an Admissions Appeal Board Policy and Procedure [088] which clearly sets out the grounds for admissions appeals and the arrangements for making and hearing admissions appeals. However, the team noted that the provider's communication outlining the details of the admissions record sample confirmed that the provider had not had any admissions appeals. Additionally, the team noted that only one admissions complaint was received in the last three years, [114, 135, 138] which was resolved in line with the provider's Admissions Policy. [087]

104 The team was satisfied that the admissions policy and system is reliable, fair, and inclusive, because the information in the Student Admissions and Recruitment Policy [022, 087] applies to all applicants and allows for reasonable adjustments to be made for applicants with particular circumstances, including those without formal academic qualifications or who have alternative qualifications, mature applicants, and applicants with a declared learning difficulty or disability. Members of the senior leadership team met by the team [M1] outlined examples of approaches taken to ensure the fairness and inclusiveness of the admissions processes, which included the introduction of a new refugee bursary; offering interviews for all new applicants; opportunity to refer applicants to the provider's student advice and wellbeing services; and the availability of admissions processes and interviews after hours or online for mature students.

105 Furthermore, members of the provider's admissions staff met by the team, [M6] also confirmed that applicants who declare a learning difficulty or disability are supported through the admissions processes with advice and guidance on assessment of need and reasonable adjustments that can be made, and referral to the provider's student advice and wellbeing service, and that further advice and guidance was available on the provider's website.

106 The Admissions Appeals Board Policy and Procedure [088] states that the members of the Board shall not include any person who was involved in the selection or interview process which came to the decision against which an appeal has been made. The team noted that the policy also states that the Head of Admissions or Registrar, who may have been involved in the admission process for the applicant, will be in attendance at the board, although this is not reflected in the policy. Members of the senior leadership team who the team met [M1] confirmed that no-one involved in admissions decision would be on an appeals board panel, thus assuring the team that the fairness and inclusiveness of the appeals process was not compromised.

107 The interviews section on the provider's Student Admissions and Recruitment Policy [022, 087] states that applicant interviews are conducted with an Admissions Officer or by a member of the academic team. However, the team noted that the flowcharts in the policy identify that all applicants are interviewed by the Head of Admissions. Members of

academic staff, [M3] admissions staff, [M6] and Programme Managers [M7] met by the team confirmed that all admissions decisions are made by a member of the admissions team except for the portfolio requirement for art and design programmes, which were reviewed by a member of the academic team.

108 The provider's pre-entry activities for future students include invitations to open days, the Student Ambassador Programme, engagement with staff from academic departments and administrative services, and access to the provider's VLE-based Student Starter Pack. The Student Starter Pack provides new students with an introduction to their studies at the provider along with an opportunity to get used to using the provider's VLE prior to starting their course. For example, the Student Starter Pack includes information about student finance, attendance, academic delivery, and support services available along with some introductory subject-based activities. The materials promote student engagement through a series of quizzes for students to complete. In a meeting with the team, [M2] students confirmed that the Student Starter Pack was received before induction with enough time to complete beforehand.

109 The team also noted that the effectiveness of the provider's pre-entry interventions for students was commented on in the provider's annual Matrix accreditation reports, [023a, 023b, 023c] which confirmed that, although progress in some areas had slowed during the pandemic, there was generally good progress with continuous improvements that the provider makes to support its students and staff. For example, the Matrix Standard CIC1 Report 2022 [023c] noted that a lot of work had been done on new student inductions, based on feedback from students, with relevant adjustments made; the impact of the ambassador's programme for new students; and the creation of the new website.

110 The team was satisfied that the information given to applicants is transparent, accessible and fit for purpose because the admissions criteria for each programme is clearly and comprehensively set out on the provider's website. [<https://dghe.ac.uk/course-category/study-at-dghe>, accessed 22/07/2022] Additionally, the provider's Student Admissions and Recruitment Policy [087] is also easily accessible for applicants on its website. [<https://dghe.ac.uk/about-dghe/policies>, accessed 21/07/2022]

111 The team found that the provider's arrangements to ensure the suitability and support for agents were effective in supporting the provider's plans for robust and credible admissions systems because the provider manages arrangements with recruitment agents effectively to ensure that its policies and requirements are strictly adhered to, with signed agreements [090a-c] in place for each agency which set out the terms and conditions of the arrangement and the roles and responsibilities of the agent. Additionally, an agent appointment checklist is completed for each agency, [091] which includes checks on due diligence, agency induction, and the progress monitoring and evaluation of agents.

112 The provider works with a range (25) of recruitment agents [089] and effectively supports agents through training sessions, [092a, 092b] which include an overview of the provider, its programmes, and its admissions requirements and processes. A comprehensive handbook and information pack [093] is also provided for agents. The handbook is updated annually and provides agents with a clear point of reference with detailed and comprehensive information about the provider. This includes the provider's recruitment, selection and admissions processes; entry requirements; the provider's promotional materials; the provider's partners and accreditations; fees and finance information; and UCAS guidelines. The provider's Recruitment and Admissions Committee [086a, 086b] has oversight for the monitoring of recruitment agents. For example, the Recruitment and Admissions Committee meeting on 23 May 2022, [086b] discussed the onboarding of recruitment agents during the pandemic with a recommendation to broaden the wording of due diligence in the policy document. Furthermore, members of the senior leadership team

[M1] confirmed that admissions and student intake reports [140a-c] are produced to monitor and evaluate the performance of agents and help the provider assess the effectiveness of its marketing and admissions processes.

113 The programme specifications for [REDACTED] and [REDACTED] programmes [031, 048a-c] make provisions for students wishing to transfer credits from other UK universities and recognised institutions in line with the rules and processes for accreditation of prior certificated and experiential learning of the relevant awarding partner, although the programme specifications for the [REDACTED] programmes [048d-f] do not mention accreditation of prior learning (APL). However, the provider's Admissions and Recruitment Policy [087] includes a broad statement that applicants may be able to gain exemption from part of the programme for which they have applied through the accreditation of prior learning. The provider's procedure for APL, which is included in the policy, mirrors the policy on recognition of prior learning (RPL) from [REDACTED] and the provider confirms that this is applicable to all forms of APL. Members of the admissions staff that the team met [M6] confirmed that the APL procedure applied to all programmes, although was not available for top-up degrees, subject to the requirements of the relevant university. The team noted that the provider's communication outlining the details of the admissions record sample [Admissions Samples] confirmed that the provider had not had any applicants who had applied for APL, although students that met the team [M2] confirmed that they were aware of the availability of APL from the information on the provider's website.

114 The team noted that there are some differences to the level of detail provided in the admissions criteria in approved course documentation compared with the information in the provider's Student Admissions and Recruitment Policy [087] and information provided to students on the provider's website. For example, for the [REDACTED] programmes, the entry requirement is set out in detail on the provider's website with more general information provided in its Student Admissions and Recruitment Policy [087] and the relevant programme specifications. [048a, 048b, 048c] As an example, the admissions criteria information for the HND Diploma in Art & Design programme on the provider's website [<https://dghe.ac.uk/course/btec-hnd-art-and-design#parentHorizontalTab2>, accessed 22/07/2022] states that a portfolio of artwork is required, however, this is not mentioned in the programme specification [048a] and is not identified as a specific requirement for the programme in the provider's Student Admissions and Recruitment Policy. [022, 087] However, the team was satisfied that this is in line with the [REDACTED] guidance [036] which states that although [REDACTED] does not specify formal entry requirements, it is the centre's responsibility to ensure that the students recruited have a reasonable expectation of success on the programme.

115 For [REDACTED] programmes, the programme specification provided for the BA (Hons) Business Management [031] refers to the university's general entry requirements, which states that for undergraduate entry applicants will require a UCAS Tariff score between 88-128 points and this is listed on each course page. However, information on the provider's website [<https://dghe.ac.uk/course-category/study-at-dghe>, accessed 22/07/2022] for the three-year honours degree identifies an admissions requirement of 80 UCAS points, which appears to be below the [REDACTED] general requirements. The admission for the four-year honours degree with foundation year (entry 32-56 UCAS points) is in line with the [REDACTED] general entry requirements. The Student Admissions and Recruitment Policy [087] confirms the same entry requirements as the provider's website information for the three-year honours degree and top-up degree but does not mention the four-year honours degree with foundation year. Members of the senior leadership team who met the team [M1] confirmed that the lower UCAS entry tariff was agreed in consultation with the awarding university to consider the competitiveness of the London market. This was further supported by a communication from the awarding university, [148] which confirmed that the university

had moved its central tariff up for the 2022 recruitment cycle, but this change has not been rolled out across partner institutions and that the rationale was based on the demographic of students within the local area, rather than student performance for those admitted at 80 tariff points.

116 For [REDACTED] programmes, summary admission criteria information is provided in the programme specifications [048d-048f] with more detailed information provided in the Student Admissions and Recruitment Policy [022, 087] and information on the provider's website. [<https://dghe.ac.uk/course-category/study-at-dghe>, accessed 22/07/2022] However, the team was satisfied that the information is consistent, it is only the level of detail that differs.

117 Notwithstanding the above, the assessment team was satisfied that any differences did not harm the overall integrity or transparency of the admissions processes, as the information in the provider's documentation and on the website provided consistent information but with slightly different levels of detail.

118 The team found that the admissions records demonstrate that the provider's policies are implemented in practice because the 68 applicant records that were scrutinised by the team, [Admissions Samples] notwithstanding the issues outlined below, showed evidence that admissions were dealt with in line with the provider's stated policies and procedures. For example, detailed audit trails were scrutinised for applicant interviews, entry qualifications, English language testing requirements, and art portfolio requirements for the HND Art and Design programme.

119 The admissions records [Admissions Samples] confirmed that the provider uses an online system for admissions records. The details from the online student application on the provider's website are uploaded directly to the system which also provides a filing system of any communication between the provider and applicants and for documents supporting the student application. The system generates automatic communications to applications at each stage of the application and offer process. Admissions decisions are provided for students directly through the system.

120 The provider uses a standard set of questions in all applicant interviews, including questions on the applicant's reasons for applying for the course, their ability and circumstances for study and questions around any additional learning needs, disabilities, and computer skills. The team felt that this supports the provider's approach to an equitable and fair admissions process.

121 However, the team noted that the interview form for the applicant was not always saved to the provider's applicant records system (27 records). Some of these had been saved to a separate one-drive folder and were subsequently uploaded to the provider's admissions system following a further request for additional evidence [151] by the team. However, the provider's response to the request for additional evidence [151] also confirmed that the interview forms for some other students could not be located as they had been done remotely using staff laptops and not uploaded to the provider's admissions system before the laptops had subsequently been erased when the member of staff had left.

122 The team made further checks on applicants who had missing interview forms and noted that the admissions records [Admissions Samples] did include communications to the applicants inviting them to the interview and informing them of the outcome of the interview. The team was satisfied that this corroborated the provider's statement that the interviews had been undertaken but had not been uploaded to its admissions system. However, the team was concerned that this still represented a gap in the evidence available which would have been difficult to defend in the event of an admissions appeal. The team found that, as

there had been no admissions appeals, it had not harmed the integrity of the admissions process but potentially could have done so.

123 Furthermore, the admissions records [Admissions Samples] showed that interviews were not undertaken for applicants for top-up degrees who were already students at the provider and had been previously interviewed for their current HND programme. However, the team felt that this was a reasonable approach, given that the students were already known to the provider. Additionally, the team also noted that copies of the original student application form were not available separately as the form was an online application via the provider's website and the details from the online application were automatically downloaded to the provider's admissions system.

124 Audit trails were also scrutinised [Admissions Sample] for rejected applicants and applicants who had declared a disability or learning difficulty. For example, the additional needs and reasonable adjustments for an applicant who had declared a visual impairment were discussed at interview along with his Disabled Students' Allowance support. The applicant was also introduced to members of the student support services and was subsequently provided with reasonable adjustments in the form of printed learning materials. The student's details and additional needs were also communicated to relevant members of the academic team and support services.

125 Three applicant records [Admissions Sample] were scrutinised for rejected applicants. Of these, two were rejected for not meeting the minimum entry requirements for English language. A third applicant was referred at interview for a second opinion by the management team. They were then offered a second interview and subsequently rejected based on a weak application and not meeting minimum entry requirements for the course. However, it was unclear from the records why they were referred in the first instance, if they attended a second interview or why they were rejected.

126 Notwithstanding the above, the team was satisfied that the admissions records demonstrate that the provider's policies were, on balance, implemented in practice. However, the team identified some deviations and gaps in the evidence. As stated above, the team felt that the gaps in evidence were due to oversights which had not harmed the integrity of the admissions process or the interests of applicants, but potentially could have done so.

127 The team found that staff from the senior leadership team, [M1] academic staff, [M3] admissions staff [M6] and Programme Managers [M7] were able to clearly articulate their roles and responsibilities in the admissions processes; for example, in a meeting with the team, [M1] members of the senior leadership team were able to articulate that they undertake their responsibilities to monitor and review the admissions processes to ensure they remain valid and inclusive by ensuring that arrangements were in place for mature applicants, those with a declared learning difficulty or disability and English language testing requirements. The senior leadership team also articulated its strategic oversight of admissions processes, for example, how non-standard entry criteria for the BA (Hons) Business Management course had been discussed and agreed with the awarding university. Furthermore, admissions staff who met the team [M6] were able to clearly articulate their approach to admissions processes including the responsibilities for the validation of entry requirements, arrangements for interviews, interview decisions, communication with applicants, including those with a declared disability or learning difficulty, and the process that would be followed in the event of an application for APL or an appeal.

128 The team found that students tend to agree that the admissions system is reliable, fair, and inclusive. Feedback in the student submission [000a, 000b] was overwhelmingly positive regarding the support and guidance from the provider through the admissions

process and in helping them prepare for their studies, in particular, students responded positively regarding the support provided for any questions they had prior to starting their course. For example, one student commented on how the provider supported them to overcome complex childcare issues. Students also commented on how they felt very welcomed and integrated very quickly when they started their course.

129 Students who met the team [M2] were also overwhelmingly positive regarding the support and guidance received from the provider through the admissions process. For example, students stated they found the admissions team extremely friendly and welcoming and gave examples of the support they had received in fulfilling entry criteria, the support from agents to assist with the admissions process, and the support for their dyslexia. Students also commented on the support from the provider in helping them prepare for their studies, including communications prior to commencing their course, the Student Starter Pack, and the information, advice, and guidance available for student finance arrangements.

Conclusions

130 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.

131 The assessment team concludes that the provider has a reliable, fair and inclusive admissions system. The provider has a clear policy for the recruitment and admission of students that is inclusive and fit for purpose because it applies to all applicants and allows for reasonable adjustments to be made for applicants with particular circumstances, including those without formal academic qualifications or who have alternative qualifications, mature applicants, and applicants with a declared learning difficulty or disability. The provider has a strong reliance on the use of agents for student recruitment and the team was satisfied that the provider's arrangements to ensure the suitability and support for agents were effective in supporting its plans for robust and credible admissions systems.

132 The policy and information for applicants is transparent, fit for purpose and easily accessible through the provider's website, with further opportunity for applicants to discuss their intended course and application at open days and through direct communication with the provider or Student Ambassadors. The assessment team identified some differences in the level of detail provided in the admissions criteria in approved course documentation compared with the information in the provider's Student Admissions and Recruitment Policy and information provided to students on the provider's website. However, the assessment team was satisfied that any differences did not harm the overall integrity or transparency of the admissions processes, as the information in the provider's documentation and on the website provided consistent information but with slightly different levels of detail.

133 Overall, the provider's plans for admissions systems are reliable, fair and inclusive. This is supported by the provider having admissions staff who have a clear understanding of their roles and responsibilities and the admissions processes. Students who met the assessment team also tend to agree that the admissions system is reliable, fair and inclusive, and placed particular emphasis on the support provided to applicants. However, the team identified some elements in the initial evidence documentation that required further explanation by the provider, such as the provider's approach to the recruitment of international students, and the low UCAS tariff required for the BA (Hons) Business Management course. The assessment team was assured by the provider's response and

explanations that these did not impact on the integrity of the admissions process or present significant risk to applicants.

134 The assessment team found that fair and inclusive admissions decisions had been made based on the sample of admissions decisions that were scrutinised, and the team was satisfied that the admissions records demonstrate that the provider's policies were, on balance, implemented in practice. However, the team identified some deviations and gaps in the evidence available to support admissions decisions in the form of missing interview forms for some applicants. As stated above, the team felt that the gaps in evidence were due to oversights which had not harmed the integrity of the admissions process or the interests of applicants, although potentially could have done so.

135 Therefore, the assessment team concludes that, on balance, the Core practice is met.

136 The assessment team was able to review most but not all the evidence recommended in Annex 4; this was triangulated in meetings with students and staff. The judgement of the team was based on incomplete evidence due to the gaps in the documentation of admissions decisions. Therefore, the assessment team has a moderate degree of confidence in this judgement.

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

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

138 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* (July 2022).

139 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.

140 Observation of teaching and learning was not undertaken as the visit occurred prior to the commencement of the 2022-23 academic year. The team had access to the online learning platforms for all programmes within scope to review online resources and teaching and learning.

How any samples of evidence were constructed

141 The team reviewed a simple random sample [ASW] of 130 individual pieces of student work from 103 students derived from a total student body of 329 for the 2020-21 academic year. The work was submitted for modules across Levels 4 to 7. Each sample included pieces of assessed work, the assignment brief, intended learning outcomes, assessment and marking criteria, marked work and the feedback provided to the student.

What the evidence shows

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

143 The provider operates within the parameters of the awarding bodies ([REDACTED] and [REDACTED]) and awarding organisation ([REDACTED]) partnership arrangements. [004a, 005, 006] The provider is responsible for the delivery of programmes and grading of student work through these franchise arrangements. The awarding bodies and awarding organisation provide the course documentation and either provide or approve the assignments as set out in the respective agreements; [004a, 005, 006] the awarding bodies remain responsible for the confirmation that students have met the relevant standards for their awards. The provider has a Learning and Teaching Strategy [047] that maps out how it meets quality assurance requirements, setting out the relevant committees and processes by which it would achieve this. The provider's policies and processes are credible; although many of the policies have recently been formed, they indicate an understanding of the processes required to deliver high-quality courses.

144 The provider has plans to develop its own content and seeks validation for its programmes as set out in its Strategic Plan [008] and has a credible and robust Policy on Design Development and Approval of New Programmes [037] that covers the areas that would be required for the quality assurance of a new programme. An example of a New Programme Approval [030] demonstrated the role of the awarding body in assuring itself that the provider is producing materials of appropriate standard. As the provider currently only works in franchise arrangements there were no provider designed programmes to review.

145 In respect to course delivery the provider works closely with its awarding partners and undergoes annual monitoring and review. Evidence seen from the awarding bodies and

awarding organisation annual reviews [023a-c, 045, 046, 072a-b, 141a] demonstrates that reviews are conducted usually externally led, but also by the provider self-reporting. [141a] The externally led reviews are particularly robust and highlight areas for improvement, for example, ensuring that the internal verification on assignment briefs takes place before being released to students and tutor feedback to be more critical and technically focused, to be actioned by the provider and reviewed in subsequent years. There is also evidence of actions being taken by the provider; for example as reported in the [REDACTED] Academic Programme Monitoring Report [045] (in response to the need to improve feedback given to students) 'This has been addressed at the start of the academic year with development sessions provided for all teaching staff reviewing feedback practice'. The Programme Meeting minutes [42a-d] and Academic Board minutes [021] also indicate that programme reviews are undertaken, drawing on a range of data including external examiner reports, student attainment and student feedback, to assess the quality of provision and determine required actions, such as the need to provide better quality feedback to students. The provider undertakes its own annual self-assessment of programme delivery which collates different aspects of feedback and identifies areas for development; [094a-b] the Programme Managers confirmed that the range of data sources were collated and assessed in programme management meetings. [M7] The external reviews formed part of the evidence the provider reviewed in its programme management meetings and the annual review of actions plans arising gave the team confidence that external examiners and external reports confirm that the courses concerned are high quality. Representatives from the awarding bodies confirm they are satisfied with the performance of the provider. [M4, M5]

146 The programme specifications [031, 048a-f, 099a-b] set out by the awarding bodies or awarding organisation, as appropriate, and a sample of module specifications were reviewed; [069a-h] the team considered the breadth of content and assessment strategies to be suitable for the programmes delivered by the provider. The design of the programme remains the responsibility of the awarding body/organisation with the provider responsible for its delivery, but the provider adapted the materials for delivery in class, such as developing slides, and substantive changes were discussed with the awarding bodies. The learning outcomes at programme [031, 048a-f, 099a-b] and module level [069a-h] were deemed by the team to be appropriate for the scope of the programmes in their respective disciplines, and comparable with equivalent programmes in the UK. The team reviewed both documentation in the programme specifications and the advertised provision [<https://dghe.ac.uk/course-category/study-at-dghe>, accessed Sept 22] to confirm the scope and relevance of the programmes.

147 The programme specifications [031, 048a-f, 099a-b] set out the types of assessments to be employed across the programme to ensure compliance with the learning outcomes. The team reviewed a sample of assessed student work [ASW] that reflected a range of written assessment types that required students to engage with theory and also practice; for example, the Contemporary Issues and Interpersonal Practice ensures students reflect on their own work experience. Assignments are often set by the awarding body or awarding organisation (particularly in the case of the awarding organisation) or set by the provider and reviewed by the awarding body/organisation. Where some variation in assessment design is possible, this is undertaken in discussion with the awarding body [M7] providing a check on compliance. The Academic Board [021] identified ongoing problems with the wording of assignments which were also observed by the team in the sample of assessments. [053b, d, f] The minutes of Assessment Sub Board [078] demonstrated that assessments were discussed in detail, and the sample of Internal Verification of Assessment forms [053a, c, d, g] showed that assessment discussions and processes of standardisation were used. Therefore while the assignments sampled raised concerns with respect to their clarity in the wording of the task, [053b, d, f] these were not substantial enough to impact the overall quality of the programme and the need to improve was identified by the provider in its Academic Board, [021] for example '....need for more consistency across the schools to

ensure all lecturers are providing excellent feedback'; the team noted improvements in the sample of assessed student work. [ASW]

148 The external examiner reports confirm that the courses are of high quality [041, 043, 119] although there is also a consistent theme regarding the detail of the feedback which is an area of concern for the provider. For example, [REDACTED] External Examiner Form [041] notes the need to provide more detailed feedback so that 'students are supported to achieve higher and good grades', and this is confirmed by the team's review of the assessed student work and is also reflected in some student feedback. [24, 077c, 101e, 112] There is also evidence of good feedback. As summarised in the [REDACTED] Academic Programme Monitoring Report [045] external examiners both 'note clear and detailed feedback to our students' and state that 'feedback could be more consistent with regards to how students could improve'. The need for more consistent, better-quality feedback is identified as an area requiring further development in the provider-led Annual Self-Assessment Document [094a-b] and the Academic Board minutes [021] demonstrating that the provider recognises and acts on areas for improvement. There were few examples of formative feedback provided in the sample of assessed student work [ASW] reviewed; however, the team noted that there were differences in the quality and clarity of the feedback given.

149 Programme Managers [M7] and academic staff [M3] who are responsible for programme development and delivery share the provider's approach to providing high quality programmes. They all maintain professional development that brings currency to their teaching. The Programme Managers and academic staff demonstrated active understanding and engagement with the annual monitoring process (that is a requirement of the awarding bodies and awarding organisation) as an active process leading to improvements. [M3, M7] The Programme Managers and academic staff demonstrated engagement with the external examiner process. [M7] The team concludes that staff are able to articulate what 'high quality' means in the context of the provider, and to show how the provision meets that definition. [M3 and M7]

150 The provider encourages informal and formal feedback from students. Formal feedback is provided at the end of each module through end-of-course evaluations [077a-d] and through its Student Staff Liaison Committee. [063a] Course evaluations are also summarised for circulation. [110] The Summary of Student Feedback [101e] suggested a variable response rate across the programmes of between 58% and 88% (noting small cohort sizes) and reflected, overall, a positive view of the provider. The provider stressed that there is much informal communication between staff and students, giving them good insight into their experience [M3] and meetings with students confirmed this informal communication channel. [M2 and M8] This was supported by the students [M2 and M8] who demonstrate confidence in articulating their concerns to staff. Results of student surveys such as the course evaluations [077a-d] show a positive perception with only the lack of useful formative feedback [077c] raised as a typical concern. Students consider their programmes to be of high quality. They regard the quality of the support they receive as excellent and commended the support of the tutors and appreciated that they were all in practice and liked the way they bring their own experience to the learning. [M2, M8]

151 Observation of teaching and learning was not undertaken as the visit occurred prior to the commencement of the 2022-23 academic year. The team had access to the online learning platforms for all programmes within scope to review online resources and teaching and learning. The team reviewed a sample of teaching materials available on the virtual learning environment in a meeting with the Digital Learning Technologist, including resources allied to module content, such as support and guidance. A number of modules across all programmes were reviewed in more detail, including sight of lecture slides and online material, where available. The online teaching content reviewed comprised short extracts of subject matter content and access to lecture slides. The online material was

insufficient to comment in depth on the teaching quality because the provision is primarily face to face rather than blended or online. The lecture slides seen were relevant to the topic and appropriate to the level. It was not possible to determine student engagement from the observation undertaken.

Conclusions

152 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.

153 The assessment team, based on the evidence presented, determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with those set by other UK providers. The team considered that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately. Through setting and marking student assessments, the provider is undertaking its responsibilities for the maintenance of academic standards of awards delivered on behalf of the awarding bodies and organisation. Staff were able to articulate what 'high quality' means in the context of the provider, and to show how the provision meets that definition. The external examiners confirm their satisfaction with the quality of the programme, although the provider and external examiners identify a need to improve the quality of feedback given to students. Students tend to regard their courses as being of high quality and have the resources to achieve their learning outcomes, feel supported and have suitable opportunities to raise any concerns. Sampled assessed student work reflects that credit and qualifications are awarded only where the relevant standards have been met.

154 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.

155 The assessment team was able to review most but not all of the evidence recommended in Annex 4; this evidence was triangulated in meetings with students, staff, and the awarding partners. The assessment team was not able to directly observe learning and teaching. Therefore, the assessment team has a moderate degree of confidence in this judgement.

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

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

157 The QAA 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* (July 2022).

158 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.

159 Observation of teaching and learning was not undertaken as the visit occurred prior to the commencement of the 2022-23 academic year. The team had access to the online learning platforms for all programmes within scope to review online resources for learning and teaching.

What the evidence shows

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

161 The process for staff recruitment and appointment is set out in the Staff Recruitment Policy and Procedure. [073] The recruitment process described is considered robust as it includes relevant detail outlining the expectations related to recruitment documentation and advertising, the recruitment procedure, information on selection of candidates for interview, expectations around what the interview should include and information around appointment and what checks would still be required, such as references and qualification checking.

162 It is recommended that a range of selection methods are used to test against essential and desirable criteria. This can be seen in the interview schedule example provided for a teaching post, [074a] which includes both a presentation and relevant questions around teaching experience and subject specialisms. The invitation to interview provided alongside this [074b] outlines the presentation in more detail, which is related to subject-specific teaching. Discussion with academic staff [M3] confirmed that micro-teach presentations were expected during recruitment and that interviews considered a mixture of experience, qualification and skill. The team concurs that this approach enables the provider to consider both qualification and skills during the recruitment process to ensure staff understand and are able to provide a high-quality academic experience.

163 The Staff Recruitment Policy and Procedure [073] contains limited information in relation to staff induction beyond noting that the line manager is responsible for preparing a comprehensive induction programme for the new employee. The Induction Checklist for New Colleagues, [075] however, contains a list of expected induction activities that includes checking that appropriate pre-employment checks have all been undertaken, references have been received and mandatory training has been undertaken. The meetings with both academic staff [M3] and professional support staff [M6] confirmed that the induction process was thorough, well organised and supportive and noted the value of introduction of an Induction Buddy to support the induction process.

164 A formal process for checking the sufficiency of staff was less clear to the team, although the meeting with the senior staff [M2] noted that staffing levels were monitored and access to a bank of pre-approved teaching staff meant any staffing issues could be

addressed quickly. Consideration of staffing needs is apparent within the Stage 1 Approval of New Programmes Submission [030] which contains a list of staff, their research interests and continuing professional development (CPD) and allocation to modules, and approval reports [071a, 071b] show consideration of staffing for each of the university partners, suggesting there are appropriate opportunities to highlight staffing needs in relation to teaching staff. Further confidence in processes for checking staff sufficiency was also provided through discussion in meetings with representatives from the partner universities [M4, M5] and through staff and student comment.

165 The provider supports its staff to further develop both skills and qualifications through staff appraisal and staff development. The Staff Appraisal and Development Policy [079] notes that all staff, both teaching and administrative, are officially appraised once a year. This process requires staff to complete a self-appraisal, before being provided with a response and undertaking a Staff Appraisal Meeting. The policy is detailed as it includes clear expectations and suggestions on areas of focus for different job roles. The example staff appraisal documents provided relate to a member of management [121] and support staff, [120] both documents show this to be a supportive process, with robust consideration of the year's targets and any support needs. A staff appraisal document for a teaching member of staff was not included; however, it was confirmed in meetings with academic staff that this process did take place for full-time teaching staff, [M3] and that it was in the process of being formalised for part-time teaching staff. [M10] It was also noted by a sessional member of staff in this meeting [M3] that they also felt both supported and nurtured. The staff development aspects of the Staff Appraisal and Development Policy [079] provide an outline of the opportunities available to staff, including access to support and external opportunities, as well as noting a commitment to support for Advance HE Fellowship.

166 The peer observation process is also seen by the provider as a supportive mechanism to enable suggestions for staff development. [M1 Senior Leadership Team, M3 Academic Staff, M7 Programme Managers] The Observation Process and Forms [017] provides guidelines for both observers and observees. It is noted that this is a confidential process but that where development or training needs are identified, this is discussed with the Head of Academic School. The peer observation examples provided [Peer Observations 2022 078, 122] show clear evidence of consideration of both strengths and weaknesses in the sessions and provide supportive comment and feedback from the observer, as well as reflection from the observee. Staff confirmed that this process took place [M1, M3] and it is regarded as a developmental, supportive process. [M3]

167 In addition to the current activity, the provider noted plans to further develop research activity to support staff development and further enhance the academic experience. The Summary of Research Engagement Plan Process [080] notes the first meetings will take place in October 2022. The document outlines plans to cultivate a 'suitable research environment' such as creating a live list of calls for papers and abstracts and creating a list of pertinent journals that will include information on editorial guidelines and topic areas. These plans were also discussed in the senior staff meeting [M1] with reference to 'research clusters' and plans to work with Programme Managers and lecturers to discuss and set research outputs.

168 Validating partners [040, 043e, f] and external examiners [043 b,c,d,f, g-t] do not raise any concern in relation to staffing sufficiency, qualification or skills. The provider's partners consider programme staffing during review and validation processes.

169 The [REDACTED] Operations Manual [123a] states it is the responsibility of the partner provider to appoint appropriately qualified staff; however, it does also note that no member of the provider's staff should teach [REDACTED] students without approval from the university. The [REDACTED]

Approval Report for Franchised Delivery for David Game College BA Business Management [071a] notes staff being put forward for approval, agreeing profiles and CVs being appropriate for teaching on the programme. The meeting with the representative from [redacted] [M4] confirmed that staffing checks are undertaken and that no concerns in relation to staff sufficiency, skill or qualification have been raised.

170 Similarly, the [redacted] Delivery Approval Report for BSc Health and Social Care Leadership and Management [029.7.4] mentions the teaching team, acknowledging further staffing would be required and the [redacted] Approval Report for BSc Healthcare [071b] also considers staffing; however, this does relate predominantly to sufficiency rather than qualification and skill. It was a recommendation in this report that the provider keep the teaching resource under review as student numbers grow. The meeting with the representative from [redacted] confirmed there were no concerns in relation to staffing sufficiency, skill or qualification. [M5] The [redacted] Academic Management Review March 2022 report [046] also has a section on staff resources; the reviewer suggests that job descriptions are fit for purpose, and that there are sufficient and appropriately qualified staff delivering the programme.

171 The external examiner reports [041, 043a-d, 043g-k, 043m-n] are, on balance, positive in relation to teaching and learning and do not raise concern in relation to teaching staff sufficiency or qualification. There are some comments regarding generic feedback; [041, 043b, 043c] however, there are also others that state feedback is a strength [043a] and commending the well qualified team. [043k] The team agrees that overall staffing skill is also not in question by the external examiners.

172 The provider staffing is outlined in the provider's staff list [076] and the meetings with staff [M1 senior Leadership Team, M3 Academic Staff, M6 Professional staff, M7 Programme Managers] provided a deeper understanding of the various roles and responsibilities. The team concurs that this appears appropriate for the provider size and context.

173 Student views in relation to sufficiency, qualifications and skills of staff are positive. Module evaluation data was provided for four different groups, [077a-d] these were overall positive in relation to teaching and learning, with most students stating the lecturer does a good or outstanding job. The information contained very few qualitative comments, but where comments were made these are again positive, for example a student comments that it was a 'great pleasure to attend these classes'. [077d] Course evaluation summaries [110] also provide overall satisfaction scores and examples of good practice and development feedback from students. The comments within this in relation to staff are mixed in places, for example a negative comment about a substitute teacher, [110 p7] or comments such as some teaching staff 'don't show interest while teaching'; [110 p22] however other comments describe 'supportive' or 'great' teachers [110 p11] or the teachers being 'ready to help with professionalism'. [110 p19]

174 Consideration of 14 staff CVs, [081] alongside job/person specifications provide confidence that the staff sampled are appropriately qualified and skilled to perform their roles effectively. The staff CVs [081] provided showcase a high proportion of staff with a postgraduate qualification, examples of staff that are research active and examples of engagement with external activities such as steering group membership or staff active as external examiners.

175 The job descriptions provided were inconsistent in format, with some examples setting out the role duties but not the role requirements or a person specification, [026a, 050, 051, 054, 064] where person specifications or role requirements were provided this was also inconsistent, with some clearly outlining essential versus desirable elements and where

these would be identified in the recruitment process [026b, 067, parts of 081] and others containing a list of requirements or a paragraph describing the preferred candidate, [012b, 027, 065, 066, 068] some of which are more detailed than others. For example, the job description for the Operations Manager [068] provides detailed expectations with headings, although it does not state whether these are essential or desirable and the method of identification, whereas the Head of Academic Development job description [066] contains only two sentences relating to qualification and HEA. This does not align with the expectations set out in the Staff Recruitment Policy and Procedure, [073] which notes all person specifications should state both the essential and desirable criteria in terms of skills, aptitudes, knowledge and experience for the job. While the team acknowledges that consistency is not essential, a lack of information on these key recruitment documents does make it difficult to identify the provider expectations of staff in some roles. The job descriptions provided in the Additional Role Descriptors and Person Specs [081] were more consistent, particularly for similar roles, for example the lecturing roles contained a table with consistent essential and desirable expectations.

176 Comparing job descriptions to the 14 current staff CVs provided shows that staff have the relevant qualifications and experience for the role described. For example, the CV for a Business Lecturer [081p 6-7] shows both business and higher education experience, alongside the appropriate level of qualification and desirable PGCE, matching with the expectations outlined in the relevant job. [082 p7-9] Additional CVs for academic staff also show appropriate qualification levels and relevant experience. [081] In relation to non-academic staff the job description for the Head of Marketing and Communications [082 p4-6] contains person specification expectations that are present within the relevant CV; [081 p1-5] the job description for the Academic Administrator and Exams Officer [081 p12-13] contains a detailed written person specification and the corresponding CV includes all required elements including qualification and relevant experience; [082 p23-26] and the job description for the English for Academic Purposes (EAP) Study Skills Tutor [026b] matches well with the CV. [082 p11-12]

177 The team agree that the provider follows processes to ensure recruited staff have the qualifications and experience required. As outlined in the example Job Advertisement, [084b] once offered a position at the provider qualifications and experience are checked through document and reference requests, this is evidenced by the New Employee Document Request, [083] showing the information being requested by the provider, including references and qualifications; the New Employee Checklist, [084a] which is a completed example shows noting of where information has been collected and the provider's reference request [084c] showing the types of questions asked. Discussion with all staff in meetings [M1 senior Leadership Team, M3 Academic Staff, M6 Professional staff, M7 Programme Managers] provided further confidence that staff were recruited following the processes outlined and that appropriate checks were carried out.

178 The meetings with staff confirmed that they were recruited and inducted following the processes outlined above. Members of staff discussed their own recruitment and induction experience positively [M1 senior Leadership Team, M3 Academic Staff, M6 Professional staff, M7 Programme Managers] and provided examples of where they had been part of the recruitment process for their staff team. [M1, M7] The discussions suggested this was considered to be a positive and supportive process that enabled the checking of qualification and skill levels to ensure they were able to provide a positive academic experience. To further enhance both skills and qualifications, staff were able to discuss supportive development processes. For example, the meeting with academic staff [M3] confirmed development opportunities were available, including both internal and external training, allocation of research time, support for publication and support with fellowship applications. Professional staff [M6] confirmed that staff appraisal processes took place, were considered effective support systems and that training and development

relevant to their role was made available. The meeting with Programme Managers [M7] noted that while there was no formal training related to their PM role, they did feel fully supported into the position. It was noted that many of them had progressed internally and therefore had the opportunity to learn from the previous post holders and that if there were any training needs required, these were identified within the staff appraisal process. No issues in relation to sufficiency were identified. [M1 senior Leadership Team, M3 Academic Staff, M6 Professional staff, M7 Programme Managers]

179 The two meetings with students [M2, M8] were positive in relation to staff. Students were confident that the staff were well qualified to support their educational experience, they commented on the industry expertise that some staff members showcased within their teaching, and the way that staff brought both research and experience into the classroom. The positive comments were not only in relation to the teaching staff, but they were also able to identify support staff and the roles they had played in supporting them and enhancing their academic experience, for example students commented on the support for additional needs. This suggested that students felt staff were appropriately qualified and skilled. There were some comments around high staff turnover creating consideration around sufficiency, [M8] however the students confirmed that this did not, on balance, impact on their educational experience as it was rarely mid module and that staff absences were well covered.

180 Observation of teaching and learning was not undertaken as the visit occurred prior to the commencement of the 2022-23 academic year. The team had access to the online learning platforms for all programmes within scope to review online resources for teaching and learning. The team reviewed a sample of teaching materials available on the virtual learning environment in a meeting with the Digital Learning Technologist. The online teaching content reviewed comprised short extracts of subject matter content and access to lecture slides. The online material was insufficient to comment in depth on whether academic staff deliver a high-quality learning experience.

Conclusions

181 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.

182 The assessment team concludes that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The provider has robust policy and procedures in place to ensure the recruitment of skilled and qualified staff. There is support for staff to undertake their role effectively through a supportive induction process, an annual staff appraisal that identifies any training or developmental needs and availability of various opportunities for staff development. The peer observation process is confirmed by staff as a supportive mechanism to enable staff development. The current staffing level is appropriate for the provider size and context and the staff CVs showcase the expected skill and qualification levels. However, some job descriptions provided were inconsistent in format, with some examples setting out the role duties but not the role requirements or a person specification; where person specifications or role requirements were provided this was also inconsistent, with some clearly outlining essential versus desirable elements and where these would be identified in the recruitment process and others containing a list of requirements or a paragraph describing the preferred candidate some of which are more detailed than others.

183 Validating partners and external examiners do not raise any concern in relation to staffing sufficiency, qualification or skills. The provider's partners consider programme staffing during review and validation processes. The external examiner reports are, on balance, positive in relation to teaching and learning and do not raise concern in relation to teaching staff sufficiency or qualification. The provider's partners confirm that sufficient skilled and qualified staff are in place and students are positive about their academic experience and the role the staff are able to play within this.

184 Students were confident that the staff were well qualified to support their educational experience. Students commented on the industry expertise that some staff members showcased within their teaching, and the way that staff brought both research and experience into the classroom.

185 The assessment team concludes, therefore, that the Core practice is met.

186 Observations of teaching and learning were not able to take place due to the timing of the assessment visit. Therefore, the assessment team has a moderate 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

187 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.

188 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* (July 2022).

What the evidence shows

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

190 Under the agreements with the awarding bodies ([REDACTED] [005] and [REDACTED] [006]) and awarding organisation ([REDACTED] [004a]), the provider has responsibility for ensuring that students on franchised courses are provided with support and learning resources that are appropriate and sufficient for the student to receive a high-quality academic experience. This expectation is embedded within the provider's Strategic Plan 2023 to 2028 [008] as two of the key strategic objectives are to provide a high-quality and well-resourced environment, and ensure that these resources (staffing, physical and online) are effectively managed and developed. The provider's short-term objectives in relation to learning resources are detailed within the Learning Resources Development Plan. [014] The Learning Resources Development Plan [014] is the responsibility of the Higher Education Management Team (HEMT) [Terms of Reference 061a] and referred to by the Academic Board.

191 The Academic Board has a standing agenda item in relation to learning resources, student support and facilities; this has been used for the consideration of the Learning Resources Development Plan, consultation/updates on the continual developments to learning resources/facilities, and the discussion and actioning of student feedback relating to resources. [Academic Board Minutes 2020-2022 021] The Academic Board reports these discussions to the HEMT who have oversight responsibility for 'reviewing the learning resource provision within the Centre, making recommendations for improvement, as appropriate'; [061a] the HEMT further reports to the Board of Directors.

192 The Librarian and Learning Services Administrator is responsible for administering and exercising the Learning Resources Development Plan in collaboration with academic staff and the Director of Higher Education. This includes providing data, supporting information and student feedback (received informally or via the Student Staff Liaison Committee) to the Academic Board and HEMT to assist with decision making regarding learning resources and the evaluation of the Learning Resources Development Plan.

193 Professional Services staff [M6] explained that the provider has a reactive and proactive approach to ensuring that it has the necessary resources to support the delivery, maintenance and development of a high-quality learning experience.

194 The provider's strategy is primarily to further develop its e-book catalogue; however, it also continues to maintain and improve the physical library. [Self-Assessment Document July 2022 000] In response to the provider's 2023-2028 strategy [008] and Learning Resources Development Plan, [014] the online catalogue has seen significant investment in

recent years with the provider purchasing subscriptions for four online journal and market research databases; [Online Resources Strategic Discussion 103] these additional resources have been used and praised by students. [Students meeting M2, SSLC Minutes November 2021 (All Programmes) 101a, Academic Board Minutes 2020-2022 021]

195 The team confirms that the provider's Strategic Plan 2023-2028 [008] and Learning Resources Development Plan [014] for facilities, learning resources and student support services are credible, realistic and linked to the delivery of successful academic and professional outcomes for students.

196 The provider's responsibilities for student support are clearly identified in the relative collaborative agreements that the provider has in place with its awarding bodies. The [REDACTED] Franchise Validation agreement 2022-23 [005] (although some documentations refer to 'or are titled Validation' all details within refer to a franchise arrangement) and the [REDACTED] Responsibilities Checklist [034] identify that the provider is responsible for the provision of student support. The [REDACTED] Collaborative agreement Oct 2020 [006] partnership delivery plan (schedule 3) and the [REDACTED] Responsibilities Checklist [035] also identify that the provider is responsible for the provision of student support. However, the team also noted that the [REDACTED] Validated Programme Schedules, [007] Schedule 3, Partnership Delivery Plan for 2022-23, states that there is joint (both provider and university) responsibility for the provision of disability and dyslexia support and careers advice. The [REDACTED] Responsibilities Checklist [152] identifies that the provider is responsible for the provision of student support.

197 Staffing resources include two Student Experience and Wellbeing staff, a Careers Consultant, a Library and Learning Resources officer and three Academic Support services tutors. Comparing job descriptions to the 14 current staff CVs provided shows that staff have the relevant qualifications and experience for the role described; the job description for the English for Academic Purposes (EAP) Study Skills Tutor [026b] matches well with the CV. [082 p11-12] To further enhance both skills and qualifications, staff were able to discuss supportive development processes. Professional staff [M6] confirmed that staff appraisal processes took place, were considered effective support systems and that training and development relevant to their role was made available. The team found no issues in relation to sufficiency of support staff were identified. [M1 senior Leadership Team, M3 Academic Staff, M6 Professional staff, M7 Programme Managers] The team agrees that staff are appropriately qualified and skilled and understand their roles and responsibilities.

198 The team observed [Obs 152] a library which includes texts spanning the provider's subject areas. The library also housed workspaces and computers which were freely available to students. Library staff are available to support students during the week, the facility is also available for independent study during evenings and weekends. The provider ensures that the collection of learning resources remains suitable and appropriate by replacing older titles and investing in new texts. The provider has a budget allocated specifically for this use which enables the library to support subject areas which rely on the continual currency of their readings (such as the HND Public Services and BA (Hons) Criminology and Criminal Justice). [Professional Service Staff M6] The provider works collaboratively with the Subject Librarians at the partner universities to ensure that the provider has a suitable learning resources plan prepared for the programme validation event, and throughout the continual delivery of the programme. For all programmes, the provider ensures that it has sufficient availability of the 'core' readings; this includes in the provider's library (if the student is studying a HND programme) or where the title is not included in the university partners' online library catalogue. [M6 Professional Staff]

199 Regarding physical resources and facilities, the observation of facilities, learning

resources and support services [152] confirmed that the provider has access to two large lecture theatres and classrooms. The provider also has four computer suites. The team considered these to be sufficient for the number of students taught. The higher education spaces are designated for use by higher education students only. Social spaces are also provided, which is being further developed in response to student feedback. [Student meeting M2, Summary of Student Feedback Student Staff Liaison Committee October 2021 129, Observation 152]

200 The specialist facilities and technical equipment available to HND Art & Design and BA (Hons) Visual Communications students include two art studios, a dark room, a print making room, sculpture making facilities and three Mac suites. These facilities are used for directed teaching sessions as well as for independent use; however, due to the nature of the equipment some of the facilities are only available to students when under the supervision of trained staff. Art & Design and Visual Communications students have occasionally raised concern with the facilities and equipment available to them. [https://moodle.dghe.ac.uk/pluginfile.php/79704/mod_resource/content/1/Summary%20of%20Student%20Feedback%20-%20%20SSLC%20Feb.March%2022%20%20Mid.%20June%2022.pdf Summary of Student Feedback accessed 20.09.2022, Academic Board minutes 2020-2022 021] However, the [REDACTED] has confirmed that the provider has suitable facilities and equipment to suitably run the programme through its Collaborative Provision Course Enhancement Review; [043f] the provider also has a plan in place to expand its facilities which will allow students to use the equipment available for longer periods of time. [146] Additionally, Art & Design students confirmed that they had access to the equipment needed to complete their course. [M8]

201 The provider has a virtual learning environment (VLE) which it uses to host lecture materials as well as other training and guidance for students. [152] Students are trained how to use the VLE in the Student Starter Pack; the pack is an asynchronous guide that students are strongly advised to read during their induction period. The module pages were consistent and contained the assignment briefs as well as weekly sections which hosted course materials and activities. The VLE also signposts to the provider's support services. Students shared that the VLE was easy to use and contained the lesson information that they were expecting. [Student Video Submission 000b]

202 Based on the assessment team's own observation of facilities including teaching facilities, studios and learning resources such as the VLE and library confirms that they provide a high-quality academic experience.

203 The VLE additionally hosts the Study Skills module. This is a non-credit-bearing, non-compulsory module which students are strongly encouraged to use during the first 10 weeks of their course. The module includes advice on evaluating sources, referencing, academic writing, grammar, and feedback. [152] The Study Skills module, as well as the credit-bearing course modules, contain formative quizzes which are then used for learner analytic purposes by the Study Skills/English for Academic Purposes team. [Professional Services Staff Meeting M6] The learner analytics are reviewed weekly, students with lower performance are then advised by the Study Skills/English for Academic Purposes team to attend a drop-in session where they can then receive additional support. Academic staff can also refer students to the Study Skills/English for Academic Purposes team where they feel additional academic writing support is required and can feed into the further development of the Study Skills programme. [Professional Services Staff Meeting M6, Programme Managers M7] Students [M2] shared that the Study Skills sessions had been particularly helpful when a student was attempting to re-sit an assessment and/or wished to improve their assignment performance.

204 The team endorses that students tend to regard facilities, learning resources and student support services as sufficient and appropriate, and facilitating a high-quality academic experience, because students [M2] confirmed there were enough physical copies of texts for the number of students who required them, although courses which were more recently added to the provider's portfolio tended to have a greater proportion of resources available primarily through the provider's online catalogue. [Student Ambassadors and Student Representatives M8] Even though the students who met the team had expressed a preference for physical texts; [Students M2, Student Ambassadors and Student Representatives M8] the team considers the provider's approach suitable and appropriate as students have access to all core texts, whether online or as a physical copy. Students also appreciated the wider range of resources they could access via the provider's (and validating university's) online catalogue. [Student Ambassadors and Student Representatives M8] Students and new academic staff receive an induction to the provider's learning resources, both available physically and online (and via the validating university if appropriate), during their induction period.

Conclusions

205 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.

206 The assessment team concludes that the provider has sufficient and appropriate learning resources, facilities, and student support services to deliver a high-quality academic experience. This is because the provider's approach to ensuring suitable learning resources has been demonstrated through being both proactive and reactive to the maintenance and development of its online and physical library catalogues. Additionally, the team's own observations led them to conclude that the facilities available for formal teaching, independent study and leisure are suitable given the number of students that currently study with the provider. Specialist facilities for the School of Art & Design meet the requirements of the franchising university and students to be able to complete their courses. The VLE meets the expectations of students and was used by the Study Skills/English for Academic Purposes team to offer additional support to students. Students' views through the student submission, student survey results and Student Staff Liaison Committee meeting minutes confirmed that the learning resources provided were sufficient and that the Study Skills/English for Academic Purposes advice was helpful. The assessment team concludes, therefore, that the Core practice is met.

207 The assessment team was able to review all of the evidence indicated in Annex 4, this evidence was triangulated in meetings with students and staff. 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

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

209 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* (July 2022).

What the evidence shows

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

211 The Learning and Teaching Strategy [047] contains three strategic priorities related to student engagement. These include plans to liaise with students to form a Students' Union, to improve student participation and contribution to academic committees. Although the provider has faced challenges enacting these, it has demonstrated a commitment to exploring alternative approaches to student engagement and participation (such as through the Student Ambassador programme). [QSR Request to Provider for Additional Evidence 118] The team considers these plans to be broadly robust as the provider has communicated, engaged and collaborated with students in order to overcome the barriers and explore alternative approaches to its strategic goals. [101b]

212 The provider's Student Engagement Policy [018] expresses its commitment to engaging students in the quality assurance and enhancement processes to improve the student experience. This policy outlines the aspects of the students' education on which it seeks student feedback and the top-level mechanisms which the provider uses to receive this feedback. The Learning and Teaching Strategy [047] sets out the provider's plan to develop student feedback mechanisms, and the specific targets related to student engagement.

213 The team found that there were three primary methods that the provider uses to engage individual students individually and collectively in the quality of their educational experience; these are module and course evaluation surveys, the National Student Survey (NSS) and informal feedback discussed with academic and professional services staff at the provider. Informal feedback is considered and actioned, where practical, by the staff member it is reported to. [M1 Senior Leadership Team, M3 Academic Staff, M7 Programme Managers] Students [M2] provided the assessment team with an example where a lecturer had amended their teaching in response to student feedback in class. The team also saw examples of where informal feedback received by professional services staff had been actioned, such as additions to the library catalogue. [██████████ Academic Programme Monitoring Report 2020-21 045]

214 Course and module evaluations are completed by students at the end of each term; these surveys ask students to assess the quality of the learning experience on their course and most recently studied modules. According to the Student Engagement Policy, [018] the results of the evaluations and NSS should be reviewed by the Programme Manager to address programme-level issues, and the Head of Student Experience and Wellbeing to review and address provider-level issues. The team found that course-level review was undertaken by the Programme Management Committees, and that provider-level feedback was considered by the Higher Education Management Team (HEMT) [Senior Leadership Team M1] or Academic Board. [021] Nonetheless, the team considered both of these

methods to be effective at engaging students individually to provide feedback on their educational experience. This is because the response rates for these surveys were strong, with an average at 70% for course evaluations [110] and 73% for NSS. [QSR Additional Evidence Request 118] There was also evidence of the provider considering and responding appropriately to this feedback to improve the educational experience of their students through papers analysing the results, [Observations on Course Evaluation Summaries 123c] and Academic Board [021] and HEMT meeting minutes [061b] in which the results were discussed, and initial actions agreed.

215 The provider's collective student engagement centres around their student representative programme. According to the Student Engagement Policy [018] a student representative is elected by peers per cohort, per course, year of study and term of entry to account for multiple intakes. Students are informed about the student representative programme by the Student Services Officer at their induction and elections are held soon after. [QSR Additional Evidence Request 118] The representatives' primary responsibilities are to field students' views and concerns on academic issues and attend the Student Staff Liaison Committee (SSLC) which is deemed to be the formal forum for collective student academic feedback. [Student Engagement Policy 018] The SSLC is held termly and is used by the provider as a way to seek student feedback on upcoming changes to the provision prior to implementation, as well as offering student representatives with a forum to share their cohorts' feedback.

216 The provider's current approach to training student representatives includes sharing the Student Representative Guidance document [063b] with them. The guidance is brief and suggests some aspects of the student experience which student representatives could feed back about to the SSLC. This approach is currently not effective as the assessment team was informed by student representatives [M2] that they had not received training for the role. The provider acknowledges that student representative training/induction has been a challenge for them due to the time-scarce characteristics of their cohort, although the Head of Centre makes himself available to all student representatives on a one-to-one basis, offering training and support with their roles. The provider concedes that it currently does not have a substantive plan to remedy this; however, it is considering alternative approaches to training/induction of student representatives. [QSR Request to Provider for Additional Evidence 118]

217 The team did not consider the provider's approach to responding to student feedback and updating students on the progress of these actions within the SSLC to always be effective. This is partially because Programme Managers do not sit on or attend the SSLC meetings. [SSLC Terms of Reference 063a] Although the provider has a suitable justification for their absence, to ensure that students can raise issues they may not feel comfortable raising in the presence of their Programme Managers, the team considers that this has caused issues with students' feedback not being addressed by the most appropriate person. This is because students were raising relevant issues within the SSLC and being requested to take their feedback independently to their Programme Manager, rather than the feedback being addressed. [SSLC Minutes (September 2019-June 2022) <https://moodle.dghe.ac.uk/course/view.php?id=93> accessed 28.08.2022] Additionally, the team received differing accounts from the Senior Leadership Team [M1] and Programme Managers [M7] as to the provider's approach to ensuring that Programme Managers received the appropriate information from the SSLC; these accounts also did not reflect what was advised to students at the meetings according to the SSLC minutes. [101b] The effect of this is that programme-specific issues are sometimes not appropriately addressed within the committee and also resulted in the SSLC not being informed of the issues' progress and follow-up actions. The most recent SSLC minutes have reflected a change in this approach, with actions being assigned to either the Head of Centre, or Head of Student Experience and Wellbeing to be taken forward with parties outside of the meeting (such as Programme

Managers). As this was a recent change, the team was not able to assess the impact of this in practice.

218 Furthermore, there are also recurring issues, such as timetabling and the length of time taken for students to receive feedback on their work, which have been raised continually in SSLC meetings since September 2019 and May 2020 respectively and have not yet received action satisfactory to the student representatives. [Student Ambassadors and Student Representatives M8] The provider is also highly reliant on the student representatives to disseminate information from the SSLC. The students [M2] shared that they currently consider this approach effective as the student representatives use a WhatsApp group for this purpose. However, the team has concerns about the sustainability of this approach due to student representatives receiving little training for their role, combined with the provider's concerns that representatives are vacating their roles due to time constraints which has become a common occurrence. [QSR Request to Provider for Additional Evidence 138]

219 The Student Engagement Policy [018] and SSLC Terms of Reference [063a] currently contain differing accounts as to where the SSLC sits within the provider's governance structure. However, in practice the SSLC reports to the Academic Board, this was confirmed by the Academic Board minutes, [021] Senior Leadership Team [M1] and Programme Managers. [M7]

220 Mindful of the issues raised above, the team also considers the SSLC to be functional overall for collective student engagement as the student representatives feel comfortable raising issues at the SSLC meetings and see the student representative system that feeds into the SSLC as an effective mechanism within the provider's approach to engaging students in the quality of the educational experience. [Students M2, Student Ambassadors and Student Representatives M8] Additionally, the team has seen evidence that the provider has made changes or improved the provision in response to feedback raised at the SSLC, and that students were informed of the outcome. [https://moodle.dghe.ac.uk/pluginfile.php/72922/mod_resource/content/1/SSLC%20Minutes%2016.11.2021%20%284%29.docx.pdf SSLC minutes 16.11.2021 accessed 28.08.2022, You Said We Did Poster 107]

221 The team noted that a student representative from each of the provider's academic schools is a member of the Academic Board, the provider's committee with responsibility for the oversight of quality and academic standards. This was confirmed by the Terms of Reference [113] and Academic Board minutes. [021] Although the team did not speak to a student representative who also sat on the Academic Board, from the minutes [021] the team can discern that the student representatives were engaged with the Board, particularly relating to matters involving learning and assessment.

222 The provider also engages its Student Ambassadors for collective student engagement, this is mentioned as one of the top-level mechanisms within the Student Engagement Policy. [014] Student Ambassadors are students who are employed by the provider primarily for marketing purposes (inductions, campus tours and so on); [025b] however, the ambassadors also indicated that they could participate in focus groups. [M8] The focus groups are held to understand what attracted students to the provider, and to discover the challenges that they have faced so that the provider knows where to improve. [111 DGHE Student Focus Groups]

223 The assessment team considered a transcript and report from a focus group [111] which detailed a number of short and long-term actions based on the suggestions made by the Student Ambassadors. Although the results of the focus group were not considered by the SSLC or Academic Board, the provider has enacted the suggestions where immediately

possible, and put action plans in place for longer term changes. The team considered the Student Ambassador Focus Groups to be an effective student engagement mechanism as it was the provider's most proactive approach to engaging students collectively which also resulted in the provider changing and improving its provision to improve students' learning experience.

Conclusions

224 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.

225 The team concludes that the provider has an effective approach to engaging students, both individual and collectively, in the quality of their education experience. Individually, the provider engages students through course and module evaluations, the NSS and informally. Collectively, the provider engages students through its student representative programme, the accompanying Student Staff Liaison Committee and representation on the Academic Board. Additionally, the provider also engages its Student Ambassadors to participate in focus groups to improve its offering.

226 The team acknowledges that there are limitations to this approach, such as the current lack of an effective induction for student representatives, the inconsistencies surrounding where the Student Staff Liaison Committee sits within the provider's governance structure, and how issues/actions that flow out of the SSLC are addressed.

227 However, overall, students are confident that the provider has effective mechanisms to engage them in the quality of their educational experience and will respond appropriately to their feedback, whether formal or informal. The team has seen examples of how the provision was changed or improved in response to the provider's approach to student feedback and engagement. The assessment team concludes, therefore, that the Core practice is met.

228 The assessment team was able to review all the evidence recommended in Annex 4 and this was triangulated in meetings with students and staff. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

230 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* (July 2022).

What the evidence shows

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

232 The [REDACTED] [006] and [REDACTED] [005] agreements, and [REDACTED] Operations Manual [123a] confirm that complaints are initially the responsibility of the provider for students on university validated courses, and that complaints can be referred to the relevant university for further review upon completion of the provider's complaints procedure. For academic appeals, the agreements [005, 006] and [REDACTED] Operations Manual [123a] confirm that these are the responsibility of the university and should be submitted directly by the students to the university. The [REDACTED] Higher Nationals Centre Guide to Quality Assurance and Assessment [036] confirms that complaints and academic appeals are the responsibility of the provider for students enrolled on courses awarded by [REDACTED] and would follow the provider's complaints and academic appeals policy and procedure.

233 The provider's complaints policy and procedure [057] consists of three internal phases: early/informal resolution, formal resolution, and review. The early/informal resolution phase is designed to address most concerns within the provider in an accessible, clear and timely manner. The early/informal phase encourages students to raise their complaint to the person in question; however, it also signposts to members of the Senior Leadership Team should the student feel uncomfortable raising the complaint directly. A timeframe of 10 working days is clearly laid out for students to be able to expect a response. Students must lodge a formal complaint within 10 working days of the informal complaint outcome if they remain dissatisfied. Formal complaints should be considered, investigated, and responded to within 20 working days. When responding, the policy [057] states that complainants will be provided with an explanation of why the issue has occurred, an explanation of what the provider has enacted to prevent any further occurrences, and an apology if appropriate. Students can appeal within 10 working days if they are dissatisfied with the outcome of the formal resolution stage. The review stage will be referred to the Chair of the provider's Governance Advisory Committee and should be completed within 28 days.

234 Following a review, students studying on [REDACTED] programmes will be sent a Completion of Procedure letter, signifying the completion of the review stage; should the complainant remain dissatisfied with the outcome they are signposted to the Office of the Independent Adjudicator for Higher Education scheme (OIA) of which the provider is a member. Students studying on programmes validated by a partner university are informed that they can refer their complaint to the university for further review, prior to being issued with a Completion of Procedures letter.

235 The team considers the provider's complaints policy to be fair and transparent as the time limits are clearly outlined within the complaints policy [057] and these should deliver

timely outcomes. Additionally, the policy [057] lists which members of staff are responsible for the complaint at each stage as well as the internal investigation process which the provider would follow. The team reviewed the log of student complaints [114] and student complaints tracker [142a] to test this; the log confirmed that the provider had responded to complaints within the specified timeframes. As such the team considered the timeframes to be credible.

236 The team also considers that the review stage of the complaints procedure would be fair and transparent as the review would be considered by the Chair of the Governance Advisory Committee of the wider David Game College Ltd. As the Chair is not directly involved with the operations of the provider, combined with a panel of three people who were not involved in earlier processing of the complaint (one of whom would be a student representative), the team considers this suitable to prevent conflicts of interest at the appeal/review stage. The team also considers the guidance within the policy for the appointment of review panel members to be clear, and the appointment of a student representative to contribute to the transparency of the procedure. As the provider had not had any complaints to reach the review stage within the past three academic years, the team was unable to test this.

237 The team considered the complaints policy [057] to be written in an accessible manner. This is because the policy clearly defines what a complaint is, as well as examples of issues that would be considered under the complaints policy, and examples of those that would not (such as those which would be classified to need an academic appeal). Similarly, it also clearly outlines how to progress the complaint from an informal to formal complaint, and formal to review stage, such as whom to address it to and what can/cannot be considered within a review. The policy provides a pro forma for students to complete when they are submitting a formal complaint. The team considered this to aid the accessibility of the procedure as the form guided students to be able to provide all of the information required for the complaint to be considered. The policy also provides links to the complaints policy for the validating universities should the student wish to escalate after the review stage.

238 The team reviewed the audit trail of an informal student complaint case [115a] to test whether the procedure had been followed. The team is satisfied that the procedure was followed in this case as the staff member who received the complaint immediately escalated this to members of Programme Management and Senior Leadership Team, the complaint was investigated, the issue raised was resolved and the student was informed of this within the timescale.

239 The provider's academic appeals policy [056] includes information on the grounds for appeals, the appellant's rights, and the process to follow within the provider. The document also includes the policy and procedure for grade challenges. There are timelines to follow for both submitting an appeal (15 days), receiving a response to whether it will be considered (5 days) and receiving the outcome (15 days after the conclusion). However, as there were no timeframe details for the length of time between the appeal being accepted for consideration, the investigation/panel meeting, and ultimate decision, the team considered that this could cause delays to the process.

240 The academic appeals policy [056] states that the outcomes of grade challenges will clearly state the decision, rationale for the decision, and provide information about the right to an academic appeal. Likewise, upon the closure of an academic appeal, the provider will clearly state the outcome, right to escalate the appeal to the review stage, the grounds on which the review would be accepted, the timeline for the review escalation, and how the student can access support.

241 The provider's academic appeal policy [056] details that the provider will hold a panel to consider an academic appeal. The panel will consist of three staff members, two of whom will be independent in addition to the Head of Centre. Additionally, the provider will request further evidence should this be required. The panel considers this to aid the fairness of the procedure as the student and academic department will be able to present all of the documentation required to the panel so that it can make a fair and informed decision. During the panel meeting the student can be supported by the 'Welfare Officer', or student representative. All academic appeal decisions are also reviewed by the provider's Academic Board which has the option of further reviewing any appeal decision that it considers unfair or disproportionate. The team considers these mechanisms suitable to prevent conflicts of interest during the appeal process. Appeal of decisions (as opposed to academic appeals) are reviewed by an Independent Investigating Officer, rather than a panel although the policy otherwise is similar. Comparable to the complaints policy, [057] the academic appeals policy [056] contains a pro forma which the team considers an accessibility aid as it guides students to provide the necessary information when lodging an appeal.

242 The provider's academic appeals policy directs students who are studying on courses validated by the partner universities to the academic appeals policy on the universities' websites, as appeals should be submitted directly by students to the universities. However, this is not clear until the 'Review of Academic Appeal' section at the end of the provider's appeals policy that students studying on courses validated by the university partners should not follow the provider's internal appeals procedure, but instead appeal directly with their validating university. As this is housed within the 'Review of Academic Appeal' section, the team does not consider this to be clearly outlined, as it would be understandable for a student to not read the 'Review of Academic Appeal' section unless they were looking to submit an appeal review. This could then cause a student to submit an appeal to the provider when the appeal should have been submitted to the validating university.

243 The team reviewed the audit trail of three academic appeals [115b/150a, 142b, 150c] and one grade challenge [150b] to test whether the procedure had been followed.

244 Regarding the grade challenge, [150b] the documentation demonstrated that the grade challenge had been investigated by the Head of School/Programme Manager, per the appeals policy. [056] Additionally, the provider had followed the timeframe set out, and notified the student of the outcome in writing. However, Section 1 (Grade Challenge) of the Academic Appeals Policy [056] outlines "The outcome of the grade challenge will be formally notified to the student in writing. In the response to the grade challenge the Head of School or Programme Manager will clearly state the outcome of the challenge, the rationale for the decision, and provide information regarding the right to an academic appeal." In the example provided [150b], the letter sent to the student does not provide information regarding the right to an academic appeal. The team considered this to harm the integrity of the policy and procedure, and student interest; although in this instance the grade did not affect the student's progression, there is the possibility that this could have done.

245 The team inspected an academic appeal, [115b] appealing the termination of studies. This appeal was originally rejected by the provider for being 'out of time', the student then requested a review from [REDACTED] which was the provider's franchise partner at the time. [REDACTED] made a series of recommendations to the provider, one of these was for the provider to consider the appeal as it had in fact been received within the 15-day timeframe specified in the appeals policy. The provider complied with this recommendation and triggered an investigation. The Independent Investigation Officer (an independent Programme Manager) wrote an investigation report which the Head of Centre used as justification to confirm the termination of studies in response to the appeal.

246 Within this example, [115b] the team noted several deviations from the procedure. Firstly, the student had been informed in their outcome letter that the appeal deadline was 10 days after the outcome, this is not in line with the 15 days stated within the academic appeals policy. The provider considered the decision whether to accept the appeal for consideration through the Academic Board via correspondence [115b]. This is not in line with the policy as this task should be completed by the Head of Academic Administration. The Academic Board [021] rejected the appeal even though it was in time and met the criteria according to the policy. Additionally, the letter sent to the student confirming that the appeal was not being considered was sent 18 days after the original receipt of the appeal, which exceeds the five days stipulated within the policy.

247 During the review by [REDACTED], [115b] the provider did not supply [REDACTED] with a complete evidence package for the case. The team understands that this would limit the [REDACTED] Investigating Manager's ability to be able to make a fair assessment; this was discovered by the provider's Independent Investigation Officer during the investigation. Even though [REDACTED] had highlighted the procedural error relating to the appeal deadline, the Independent Investigation Officer stated in their report that there had in fact been no procedural error. For the avoidance of doubt, the assessment team considers that there has been a procedural error relating to the deadline. Additionally, during the 'appeal of decisions' process, the Independent Investigating Officer is supposed to hold a meeting with the student and key members of staff. Although the team saw evidence that the Investigating Officer had spoken to academic staff, the team saw no evidence that they had spoken to the student. The team considers that these deviations from the policy caused harm to the integrity of the procedure as elements of the process and timeframes had not been followed. This instance also affected the interests of students due to the possible outcome of a student having their studies terminated. From the submission of the appeal by the student in late May 2021 to finish this appeal took over three months to resolve; the team did not consider this appeal to have been dealt with in a timely manner in accordance with the policy as the provider received the response from [REDACTED] in mid-July 2021 and did not conclude the investigation and respond to the student until the beginning of September 2021.

248 The team considered the Academic Board minutes [021] to confirm the role of the Academic Board within the appeals process. The appeals policy [056] states that the role of the Academic Board is for the review of appeal decisions to ensure they are not unfair or disproportionate. The Academic Board terms of reference [113] states that the role of the Academic Board in complaints and appeals is to have oversight responsibility and to ensure that the governing framework for complaints and appeals is fully implemented. However, the minutes confirm multiple instances where the Academic Board is being treated as the appeals panel and making decisions in place of the panel. The team considered this to affect the integrity of the procedure as it introduces a conflict of interest that would not have been present on a panel of independent staff members due to Programme Managers and Heads of School being members of the Academic Board who could have a vested interest in the appellant.

249 The assessment team found in meetings that staff were aware of the complaints and appeals policies. [Senior Leadership Team M1, Professional Services Staff M6, Programme Managers M7] This is because all staff were made aware of the policies during their induction with the aim of ensuring that all staff could at least signpost students to the appropriate department or policy. Other members of staff who dealt more operationally with the complaints and appeals policies shared that they had received additional training, such as attending OIA webinars, or shadowing academic appeal investigations prior to undertaking the Independent Investigating Officer role.

250 Students [M2] who met the team shared that they had no concerns about the complaints and appeals policies, and that they could access the policies by looking on the

provider's VLE or would ask a member of staff. However, the team did not consider the complaints and appeals policies to be accessible. This is because the team noted that the provider's website contained an out-of-date version of the Academic Appeals Policy. [https://dghe.ac.uk/wp-content/uploads/2021/10/Academic-Appeals-Policy-v2.6.pdf Academic Appeals Policy 2.6 accessed 28.09.2022] The website-hosted version (listed as version 2.6), and the version of the document distributed to the team (also listed as version 2.6) [056] were different. The main difference was that the version circulated to the assessment team included references to the [REDACTED] which were not included in the older policy. This could have impacted a student on a [REDACTED] validated programme if they had wished to lodge an academic appeal because the policy applicable to them would not have been accessible to them independently. This is because the link to the provider's policies on the VLE links to the website which hosts these out-of-date documents. [https://dghe.ac.uk/about-dghe/policies] The Senior Leadership Team [M1] reported that staff were assigned policies to check were up to date on an annual basis. As the Academic Appeals Policy was reportedly last reviewed in February 2021, this means that the out-of-date policy was available to students on the provider's website for potentially 1 year and 6 months.

251 The provider informs students about how to access the complaints and appeals policy during their induction. [Senior Leadership Team M1] The team also heard during the observation of facilities, learning resources and support services [152] that the provider would be implementing a link within the Student Starter Pack to signpost students to the policies from the 2022-23 academic year. The Student Starter Pack is an asynchronous guide to the provider which students are encouraged to follow during their induction period. However, the team observed that the link included within the Student Starter Pack signposted students to the same webpage which hosted the out-of-date document highlighted above.

252 A further reason why the team considered the complaints [057] and appeals [056] policies to not be accessible is because the team noted that the 'Welfare Officer' is named as the key person responsible for advising and supporting students during the process in both policies. As there is no staff member employed at the provider with this title, the team recognises that this could undermine the credibility and robustness of the policy; this is because the policy specifically signposts students to the 'Welfare Officer' for advice during the process. However, the provider acknowledged that this post had been adapted into the 'Head of Student Experience and Wellbeing' role, [118 - QSR Request to Provider for Additional Evidence] and students [M8] confirmed they would raise initial concerns with the Head of Student Experience and Wellbeing.

253 Additionally, during the review of samples of complaints and appeals, the team noted that one appellant [150c] had become confused between the policies applicable to them as a student of 'David Game Higher Education' and those applicable to 'David Game College'. Although the provider guided the appellant to the applicable policies in their initial response, the team understands the ease of confusion due to the David Game Higher Education department sharing some policies with David Game College Ltd (for example the Single Equalities Policy [126]) and also referring to the higher education centre using the term 'David Game College' on occasion (such as within the Student Complaints Policy [057]). As this has caused confusion, the team considers there to be a lack of clarity in relation to which policies apply to higher education and/or further education students, which affects the accessibility of the complaints and appeals policies and procedures to students.

Conclusions

254 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.

255 The assessment team concludes that the provider has a fair and transparent complaints policy and procedure that is written and available in an accessible manner, which has the potential to deliver timely outcomes. This is because the policy clearly outlines the stages, associated timeframes, likely outcomes, and routes for escalation. This was confirmed in the example seen by the assessment team. The policy lacks clarity as the title of the key advising member of the provider's staff was incorrect, nonetheless the students who met with the team confirmed they knew who they could approach at the provider for advice regarding complaints and appeals.

256 The assessment team did not consider the provider to have a fair, transparent, or accessible academic appeals policy or procedure. This is because the policy was out of date on the provider's website meaning that students did not have access to the document version which included the details for students studying on [REDACTED] validated programmes. One appellant also experienced confusion in the nomenclature used by the provider 'David Game Higher Education Centre' policies and 'David Game College Ltd' policies. There were no timeframe details for the length of time between the appeal being accepted for consideration, the investigation/panel meeting, and ultimate decision; the team considered that this could cause delays to the process.

257 Two of the appeal samples reviewed by the team had deviations from the procedure which the team considered to affect the integrity of the policy and procedure in ways that were not in the student interest. Responding to a grade challenge the team noted a deviation from the procedure, and the provider within the outcome letter did not provide information regarding the right to an academic appeal, as stated within the appeals policy. Reviewing an academic appeal the provider's franchise partner at the time made a series of recommendations to the provider, one of these was for the provider to consider the appeal as it had in fact been received within the 15-day timeframe specified in the appeals policy. Additionally, the letter sent to the student from the provider confirming that the appeal was not being considered was sent 18 days after the original receipt of the appeal, which exceeds the five days stipulated within the policy. From start to finish this appeal took three months; the team did not consider this appeal to have been dealt with in a timely manner in accordance with the policy.

258 The appeals policy states that the role of the Academic Board is for the review of appeal decisions to ensure they are not unfair or disproportionate. The Academic Board terms of reference states that the role of the Academic Board in complaints and appeals is to have oversight responsibility and to ensure that the governing framework for complaints and appeals is fully implemented. However, the minutes confirm multiple instances where the Academic Board is being treated as the appeals panel and making decisions in place of the panel. The team considered this to affect the integrity of the procedure as it introduces a conflict of interest that would not have been present on a panel of independent staff members due to Programme Managers and Heads of School being members of the Academic Board who could have a vested interest in the appellant.

259 The assessment team concludes, therefore, that the Core practice is not met.

260 The inconsistencies referred to above exist in key areas particularly relating to the appeals policy, procedure and how these were carried out in practice. These issues were replicated in multiple audit trails and the Academic Board minutes. The evidence scrutinised

by the assessment team was based upon examination of the full range of evidence described in Annex 4. Therefore, the assessment team has a high degree of 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

261 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.

262 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* (July 2022).

What the evidence shows

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

264 The provider has effective arrangements in place to ensure that the academic experience is high quality because there are comprehensive agreements [004a, 005-007] in place between the provider and the relevant awarding bodies ([REDACTED] and [REDACTED]) and awarding organisation ([REDACTED]), which are formal documents signed by all relevant parties.

265 The agreements are comprehensive, up-to-date, and clearly set out the responsibilities for the management of partnership working between the provider and its awarding bodies and awarding organisation to ensure the academic experience is high quality. For example, both the [REDACTED] [005] and [REDACTED] [007] agreements identify that it is the responsibility of the provider to comply with the relevant awarding university's quality assurance and review procedures. Similarly, the [REDACTED] BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment [036] requires the provider to comply with [REDACTED] quality assurance processes as set out in the BTEC Centre Guide to Quality Assurance. [033] Additionally, the responsibilities checklists for [REDACTED], [REDACTED] and [REDACTED] [034, 035, 152] clearly identify where responsibilities lie for the provider and for the relevant awarding partners.

266 The team found that the provider's responsibilities are consistent with the delivery of a high-quality learning experience irrespective of where or how courses are delivered and who delivers them, because there is clear designated responsibility for the oversight of partnership arrangements at the provider.

267 The provider's strategic approach to partnerships and collaborations is set out in the Strategic Plan 2023-28, [008] which sets out the plans for expansion of delivery and collaborative partners, noting that degree provision, for a large part of the strategic plan, will be under the validation of, or franchise with, a UK university, extending to postgraduate level studies by Year 3, with forward planning for the application for degree awarding powers taking place by Year 5. The Strategic Plan describes a range of measures to meet the key strategic objectives of the plan which are focused on increased collaboration with academic and industry partners. These include securing additional university partnership(s) and franchise/validation(s) for a range of undergraduate courses, including overseas institutions, and initiating development of postgraduate programmes for university validation as well as developing networking opportunities and links with industrial partners.

268 The provider's Collaborative Working Policy [015] sets out the strategic criteria for proposed collaborative arrangements, which include the opportunity to widen access to, and participation in, higher education and/or the other courses available at the provider; the establishment or enhancement of student progression routes for further study; access to new markets; engagement with business and industry to develop provision that meets the skills; and the development needs of a particular sector.

269 The provider's overall approach to ensuring that course delivery is high quality is set out in the Learning and Teaching Strategy. [047] The strategy broadly sets out the main strategic areas for teaching and learning development which focus on employability and careers, learning and assessment, inclusivity, student engagement, teaching and support, and technology and infrastructure.

270 Additionally, the provider's Employer Engagement Strategy [013] sets out its approach to employer engagement. The strategy identifies that the provider is a full member of The Association of Graduate Careers Advisory Services (AGCAS), the expert membership organisation for higher education student career development and graduate employment professionals. Examples of measures to implement the Employer Engagement Strategy include employer engagement meetings led by the provider's Careers Consultant, and an internship competition for Business and Public Services Students & Art & Design. [M6 Professional Staff]

271 The team found that the provider has credible, robust, and evidence-based plans for ensuring a high-quality academic experience for provision delivered in partnership. These are set out in the provider's Collaborative Working Policy, [015] the Learning and Teaching Strategy, [047] and the Employer Engagement Strategy. [013] The plans are credible and robust because the Collaborative Working Policy, the Learning and Teaching Strategy and the Employer Engagement Strategy are formal institutional documents that are formally approved by the Higher Education Management Team [061a, 061b] or Academic Board. [021]

272 The team found further examples that the provider had robust plans in progress to ensure a high-quality academic experience for provision delivered in partnership in the responses to annual monitoring from the provider's awarding bodies and organisation. [046, 043f] The responses from the provider to the request for additional evidence [118, 138] clearly confirmed that it does not provide work placements for students on any of its programmes. However, the team noted that this was not consistent with information in other documentation, as there were references to work placements in several documents submitted as evidence by the provider. [021, 029, 045, 047, 048a, 048b, 048f, 094a, 094b]

273 When asked about the references to work placements in several documents submitted by the provider as evidence, [021, 029, 045, 047, 048a, 048b, 048f, 094a, 094b] members of the senior leadership team [M1] confirmed that any references to work placements were historic as some of the programmes had previously included workplace elements but these had presented challenges to meet during the COVID pandemic and had since been discontinued, which might also explain the references to placements in some of the more recent documents. The team found that although there were significant references to work placements these were due to poor administrative practices in ensuring records were up-to-date, credible and robust; however, there was no impact on the academic experience or outcomes for courses or students.

274 Feedback in the student submission [000a, 000b] was broadly positive and confirmed that students were, on balance, very satisfied when it came to the provider's programmes being validated by university partners. Students from both [REDACTED] [REDACTED] also commented on how they had been

informed about partnership arrangements by their tutors. Furthermore, students who met the team [M2] were overall very happy with the quality of their course. For example, one student stated that regardless of some administrative bureaucracy which had impacted on their timetable they otherwise considered the course exceptional.

275 The team found that students tend to agree that the provider has effective arrangements to ensure that their academic experience is high quality because student feedback through Student Staff Liaison Meetings [101a-e] and Course Evaluations [110] was largely positive. The feedback from students included a combination of positive comments and recommendations for further improvements. However, these largely related to specific course-related issues such as timetabling or recommendations for individual modules or assessments, and the team was satisfied that no significant consistent concerns regarding the overall quality of the student academic experience had been raised by students. The team also noted that recommendations from students were responded to constructively by the provider.

276 The provider's external examiner reports [redacted] External Examiners reports [043h-k, 043m, 043n, redacted] External Examiner Review BA Hons Integrated Health and Social care June 2021 [043d, redacted] External Examiner Report for BA (Hons) Visual Communication July 21 [043g] tended to focus on academic standards. However, the team noted some indications in the external examiner reports which supported the view that they considered courses delivered in partnership to be of high quality, thus confirming the effectiveness of the underpinning arrangements.

277 Members of the senior leadership team who met the team [M1] confirmed that the provider's Academic Board [021] was where the overall quality of education was monitored and discussed. The senior leadership team also confirmed that termly strategic meetings were also held with [redacted] and [redacted]. [143a-e] For example, the Sept 2021 strategic meeting with [redacted] [143a] discussed a range of curriculum developments including entry tariffs along with financial arrangements, recruitment and assessment and marking practices for current programmes.

278 Representatives from the awarding universities who met the team [M4, M5] were also able to articulate how the provider works with the awarding bodies to ensure that courses delivered in partnership are high quality. Both university partners confirmed that a university link tutor was provided at course level to liaise with the provider and visit on a regular basis, and that the university annual monitoring process provided the main process for the provider to review the delivery and outcomes from the previous year, consider sector benchmarks and university standards, and identify best practice and improvements through an action plan. The university then reviews the reports and action plans to consider if they have been met or not and any concerns flagged in the university's RAG rating/risk register processes which were reviewed regularly. The representative from [redacted] [redacted] also identified that the provider was the first partner to have quarterly strategic meetings regarding strategic planning and activities. [143a-e] The universities identified no concerns or issues with the provider.

279 Programme Managers who met the team [M7] outlined that Programme Management Committees were the main mechanism where quality issues were discussed internally with the team, whereas the external examiner and annual monitoring course enhancement reports were the main mechanisms where quality issues were discussed with their partner awarding bodies and awarding organisation. Programme Managers also commented on the positive relationship with their awarding bodies and awarding organisation; for example, referring to contacts at the university as critical friends, providing professional networks to bring in guest lecturers, sharing online resources and providing

training including how to plan assessment, ethical standards, and research.

280 The team was assured from the meetings with staff from the provider and from the awarding universities, that both parties understand and meet their respective responsibilities for quality.

Conclusions

281 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.

282 The team concludes 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. This is because the provider has a clear and comprehensive approach for the management of partnerships with other organisations to ensure that the academic experience is high quality and there are clear, comprehensive, and up-to-date agreements in place with the awarding bodies and the awarding organisation, which reflect the provider's arrangements for the management of partnerships.

283 The team found that although there were significant references to work placements these were due to poor administrative practices in ensuring records were up-to-date, credible and robust; however, there was no impact on the academic experience or outcomes for courses or students.

284 Staff from the provider and from the awarding partners were able to clearly articulate their understanding of their responsibilities for quality of courses delivered in partnership with the respective awarding bodies and awarding organisation. Furthermore, the external examiner reports and the responses from the relevant awarding bodies and awarding organisation to the provider's annual monitoring processes also, on balance, supported the view that they considered courses delivered in partnership to be of high quality. Students who met the team commented favourably about the quality of their course and were satisfied when it came to the provider's programmes being validated by university partners.

285 The assessment team concludes, therefore, that the Core practice is met.

286 The assessment team was able to review all the evidence recommended in Annex 4, this evidence was triangulated in meetings with different staff groups and representatives from the awarding partners and students. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

288 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* (July 2022).

How any samples of evidence were constructed

289 The team reviewed a simple random sample [ASW] of 130 individual pieces of student work from 103 students derived from a total student body of 329 for the 2020-21 academic year. The work was submitted for modules across Levels 4 to 7. Each sample included pieces of assessed work, the assignment brief, intended learning outcomes, assessment and marking criteria, marked work and the feedback provided to the student.

What the evidence shows

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

291 The provider's responsibilities for student support are clearly identified in the relative collaborative agreements that the provider has in place with its awarding partners. The [REDACTED] Franchise Validation Agreement 2022-23 [005] and the [REDACTED] Responsibilities Checklist [034] identify that the provider is responsible for the provision of student support. The [REDACTED] Collaborative Agreement Oct 2020 [006] partnership delivery plan (schedule 3) and the [REDACTED] Responsibilities Checklist [035] also identify that the provider is responsible for the provision of student support. However, the team also noted that the [REDACTED] Validated Programme Schedules, [007] Schedule 3, Partnership Delivery Plan for 2022-23 states that there is joint (both provider and university) responsibility for the provision of disability and dyslexia support and careers advice. The [REDACTED] Responsibilities Checklist [152] identifies that the provider is responsible for the provision of student support.

292 The provider's approach to supporting students to achieve successful academic and professional outcomes is set out in several provider documents, which include the Careers Strategy, [012a] the Employer Engagement Strategy, [013] the Equality and Accessibility Policy 2022-23, [016] the Student Wellbeing Policy, [019] the Learning and Teaching Strategy, [047] the Student Attendance Policy, [095] the Mitigating Circumstances Policy, [052a] and the Reasonable Adjustments Policy. [052b] The team noted that the provider's Learning and Teaching Strategy [047] also referred to several supporting documents including the Career Guidance Handbook, the Student Academic Development Policy, and the Student Services Guide. However, the provider's response to the request for additional evidence [118] confirmed that the provider does not have a Careers Guidance Handbook or a Student Academic Development Policy. The provider also confirmed that it does not have a formal personal tutorial policy. The provider commented [M6 Professional Staff] that, although formal policies for these services are not in place, the functions of these activities are covered by the provider's staff and services as detailed below.

293 The provider's plans for supporting successful academic outcomes for students are set out in more detail in the Student Wellbeing Policy, [019] which outlines that the provider

has a dedicated professional Advice and Wellbeing Service to provide confidential information, advice and guidance, and wellbeing support to all students. This includes support for students with learning differences and disabilities. The Advice and Wellbeing Service works in conjunction with the academic and student service teams and students may be referred or self-refer to the service. The provider's Equality and Accessibility Policy 2022-23 [016] provides the overarching framework setting out how the provider meets its responsibilities for ensuring equality, diversity, and inclusion across the provider, including dealing with issues related to students with special educational needs/disabilities, and making reasonable adjustments for these students.

294 The team saw evidence that the provider has credible, robust, and evidence-based plans for ensuring that all students are supported to achieve successful academic and professional outcomes across the student journey. For example, the provider offers a Student Starter Pack [118, <https://moodle.dghe.ac.uk/enrol/index.php?id=1008>, accessed 17-08-22] for new students prior to starting their course. Once enrolled on-programme, the provider offers an early support programme for students on [REDACTED] and [REDACTED] programmes, which includes access to the provider's Study Skills learning resources, [138, <https://moodle.dghe.ac.uk/course/view.php?id=992> accessed 17-08-22, Observation of facilities, learning resources and support services] to develop their academic skills and apply them in assessment situations. The Study Skills learning resources are made available for students on the provider's VLE and cover academic skills including referencing and academic standards, researching and academic writing, understanding feedback and using it to improve future work. The Study Skills resources also incorporate a formative task for which students receive written feedback, for example to improve their referencing. Information on the Study Skills Support programme is provided for students in the Course Handbooks provided for students on [REDACTED] and [REDACTED] programmes. [099a, 099b]

295 Students who met the team [M2] were generally positive about the study skills learning resources and suggested the resources could be further improved by starting them earlier and continuing them for longer. The provider's Student Ambassador Programme [025a, 025b] is also available to provide peer-to-peer support for students. Student Ambassadors are expected to provide a positive role model for students and represent the provider on an online peer-to-peer platform. Student Ambassadors who met the team [M8] outlined that their role was an informal arrangement with students who can contact them directly or via an online peer-to-peer platform.

296 The provider's response to the request for additional evidence [118] confirmed that the provider does not operate a system of personal tutoring for individual students. However, the team noted several references to personal tutorials in the documents submitted as evidence by the provider, for example, the programme specifications for [REDACTED] programmes [048a-c] identify the support arrangements available for students, which include a student handbook, a tutorial system/personal tutor, including a minimum of two individual sessions a term and open access to a personal tutor, and careers support through online facilities, personal tutors, and supplementary employability workshops. When asked about the references to personal tutorials in the programme specifications for [REDACTED] programmes, [048a-c] members of the senior leadership team [M1] confirmed that they previously offered a personal tutor system, but now no longer do so. The team was assured by the provider's explanation of the historic references to personal tutorials in some of the documents submitted as evidence.

297 The team was also satisfied that the provider's approach to individual support for students was appropriate, given the number of students and provision. This was further supported by the positive feedback from students regarding the support arrangements for their studies, as detailed below. The provider explained [M1] its preference was to signpost

students to the support provided in discrete areas of the organisation. For example, students' pastoral issues are dealt with by the dedicated Student Experience and Wellbeing Service and academic-related issues are dealt with in dedicated drop-in sessions or in academic support meetings between Programme Managers and students. Further information on the student support drop-in sessions is provided for students in the Course Handbooks [099a, 099b] which also include key contact for support services that are provided for students.

298 The provider's plans for supporting successful professional outcomes for students are set out in the provider's Careers Strategy, [012a] which incorporates a three-year development plan for the Careers and Employability Service. The strategy is led by the Careers Consultant [012b] and sets out a range of measures to implement the strategy, which include engagement with employers, as set out in the Employer Engagement Strategy; [013] developing links with curriculum areas to plan, develop and deliver suitable careers education activities to students; developing a calendar of termly events to promote careers information which includes a termly Careers Fair, supporting retention, achievement and (internal) progression of all students; and 1:1 impartial careers advice and planning available to all students.

299 The team found that the provider has a clear deliberative committee structure in place where matters relating to support for student academic and professional outcomes are monitored and discussed, for example, at programme-level, matters relating to student engagement, attendance, support, and employability are discussed in the Programme Management Committee meetings. [042 a-e minutes] For example, support for at-risk students was discussed at the Programme Management Committee meetings for Art & Design programmes, [042a] engagement with study skills and the development of good academic practice was discussed at the Programme Management Committee meetings for the Business programmes, [042b] and the support provided by the provider's librarian to students on accessing and utilising online sources was discussed at the Programme Management Committee meetings for the [REDACTED] BA Hons Business top-up and the Social Sciences and Health programmes. [042d, 042e] Matters arising from Programme Management Committee meetings relating to student academic and professional outcomes are discussed at the provider's Academic Board meetings. [021]

300 The team found that students tend to agree that they are adequately supported to achieve successful academic and professional outcomes because student feedback through Student Staff Liaison Meetings, [101a-e] Course Evaluations, [110] and summarised in the Student Feedback on Facilities, Learning Resources and Student Support Services [106] was positive regarding the support provided. The team also noted that recommendations from students were responded to constructively by the provider. For example, at the Student Staff Liaison Committee meeting Nov 2021, [101a] a course representative commented that some students had issues with IT literacy, which made it difficult to access online content and submit assignments. The course representative suggested more support from study skills should be made available in this area. In response, the provider advised that the Starter Pack was intended to support students with digital literacy and that the provider would also explore further IT workshops for students.

301 Feedback in the student submission [000a, 000b] was overwhelmingly positive regarding the pastoral care and other support systems offered by the provider, stating they knew exactly where to go to get what they needed if they had any problems. Students were also able to articulate [M2, M8] confidently about their career aspirations and how the provider supports them towards achieving their career aspirations and in applying for top-up degrees. For example, students commented on how the careers support from the provider had helped them with which path to follow, had not limited their vision and had broadened their horizons. Students who met the team [M2, M8] also commented positively on the

support available to them. The team was assured that students knew where to raise concerns if they had them and regard the support services available to them as accessible and effective. Students were overall very positive about the support available to achieve successful academic and professional outcomes.

302 Feedback on assessed student work seen by the assessment team [Assessment Samples, Notes on Sampling of Assessed Student Work [ASW]] was limited or generic, and did not always provide a detailed description on how to improve or identify areas for development. In these instances, the feedback did not always support the student's development, as it sometimes tended to highlight problem areas without always supporting the student in addressing those weaknesses. The team also noted that there were very few examples of formative feedback provided in the sample which limited the team's ability to comment on the effectiveness of formative feedback from the assessment samples. Where feedback was dated, this was within the expected timeframes. The feedback was specific to the assessment and enabled students to understand what they could have done to improve their grade or where there were gaps. Although many students were given comprehensive, helpful, and timely feedback, the assessment sample presented inconsistencies where this was not always the case.

303 The provider's roles for support staff are consistent with the delivery of a high-quality learning experience because there is clear designated responsibility for the support services at the provider. These include the Student Retention and Success Officer, [102] the Careers Consultant, [012b] the Head of Academic Administration, [050] the Head of Student Experience and Wellbeing, [054] the Digital Learning Technologist, [026a] and the Librarian and Learning Services Administrator. [027] The review team found that this structure covered the range of services offered by the provider and was appropriate and proportionate, given the number of students and provision (see also Q4).

304 The team found that staff from the senior leadership team, [M1] academic staff, [M3] professional services staff, [M6] and Programme Managers [M7] were able to clearly articulate their roles and responsibilities for student support. For example, members of the senior leadership team who met the team [M1] outlined arrangements for monitoring overall student engagement, attendance, and retention, which included attendance monitoring on a daily basis by the Programme Manager and monitoring of VLE usage. Academic staff [M3] outlined the arrangements for monitoring and supporting individual students towards successful academic and professional outcomes, which includes the use of vocationally relevant assessments; provision of developmental feedback; supporting students to understand assessment criteria so that they can know what they have to do achieve the higher grades; the use of formative assessment; study skills support referrals if necessary; encouraging students to participate in competitions and volunteering; and offering drop-in sessions for students. Furthermore, Programme Managers who met the team [M7] confirmed that processes such as the academic misconduct process, or the module boards can also identify poor student achievement and refer students to the Student Advice and Wellbeing service. Additionally, the provider's Student Retention and Success Officer monitors student data which could result in an at-risk meeting.

305 The team was assured from the meetings with staff [M3, M6, M7] that academic and professional support staff understand and meet their roles in supporting students towards successful academic and professional outcomes. The Head of Student Experience and Wellbeing [M6] outlined their role in student referrals for support, the counselling and other support services available to students, including medical, legal, and financial advice, the development of the wellbeing VLE site, and the role of support interventions such as the Student Assistance Programme and the 'Together All' programme. The Careers Consultant who met the team [M6] also outlined that the provider's careers services had supported students into employment through around 150 student interactions over the previous year,

which included one-to-one sessions with the Careers Consultant, support for CV-writing and application forms, assisting students with finding volunteering local opportunities, making effective use of social media for networking, and the delivery of a careers week every term.

306 Student feedback through Student Staff Liaison Committee meetings [101a-e] and Course Evaluations [110] included a combination of positive comments and recommendations for further improvements from students regarding assessments. However, these largely related to assessment submissions and grading criteria rather than the feedback received on their assessments and the team was satisfied that no consistent concerns regarding feedback on assessment had been raised by students.

307 Students who met the team [M2, M8] were positive about the formative feedback on their work. Students on most programmes identified that they were able to receive formative feedback, although students on a top-up degree commented that this was not the case for their programme. Students also commented that the dates for formative submission were sometimes published late and the timescales between the formative feedback and summative submission were sometimes too close.

Conclusions

308 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.

309 The assessment team concludes that the provider's approach to student support facilitates students' achievement of successful academic and professional outcomes. The provider's plans for supporting students to achieve are set out in the provider's strategy and policy documents, which are robust and credible, and are reviewed by the deliberative committees and through student feedback. The plans are also comprehensive, supporting students at all stages of their academic journey. The provider's plans for supporting successful professional outcomes for students are set out in the provider's Careers Strategy, which incorporates a three-year development plan for the provider's Careers and Employability Service. Although the team noted that the provider does not have a specific personal tutorial policy the team was assured that the provider's approach of signposting students to relevant central services for support and guidance, where required, was appropriate and effective.

310 Staff who met the team understand their role in supporting students towards successful academic and professional outcomes. Assessed student work, on balance, demonstrates that staff provide students with comprehensive, timely and helpful feedback, although in some cases the feedback would benefit from more detail on areas for development and how students can improve their work.

311 Students who met the team were positive about the support received throughout their studies. They knew where to raise concerns if they had them and regard the support services available to them as accessible and effective. Students commented that more notice of formative assessments and time between formative and summative submissions would be beneficial in some cases, they were otherwise very positive about the support available to them towards their successful academic and professional outcomes and particularly appreciated the wellbeing support available to them.

312 Therefore, the assessment team concludes that the Core practice is met.

313 The evidence scrutinised by the assessment team was based upon examination of the full range of evidence described in Annex 4. Therefore, the assessment team has a high degree of confidence in this judgement.

Annex 1

Name

ADD Admissions Sample

ASW Assessment Sample

Additional Evidence Sept. 14, 2022

Additional Evidence Sept. 15, 2022

Additional Evidence SEPT. 2022

000 DGHE Self-Assessment Document July 2022.pdf

000a DGHE STUDENT SUBMISSION.pdf

000b Student video submission link.pdf

001 QAA Educational Oversight Report Nov 2018.pdf

001b QAA Educational Oversight Report Nov 2017.pdf

002 QAA Higher Education Review Report Nov 2016.pdf

003 QAA Review for Specific Course Designation Report Oct 2014.pdf

004a ██████████ Agreement.pdf

004b OfS Registration decision Aug 2020.pdf

005 ██████████ Franchise Validation Agreement 2022_2023.pdf

006 UoG Collaboration Agreement Oct 2020.pdf

007 UoG Validated Programme Schedules 1 to 4 for 2022_23.pdf

008 Strategic Plan 2023 to 2028.pdf

009 Information Security Policy.pdf

010 ICT Strategy.pdf

012a Careers Strategy.pdf

012b Careers Consultant job description.pdf

013 Employer Engagement Strategy.pdf

014 Learning Resources Development Plan.pdf

015 Collaborative Working Policy.pdf

016 Equality and Accessibility Policy 2022_2023.pdf

016 Equality and Accessibility Policy 2022_2023.pdf

017 Peer Observations Process and Forms.pdf

018 Student Engagement Policy.pdf

019 Student Wellbeing Policy.pdf

019 Student Wellbeing Policy.pdf

020 DGC Governance Framework.pdf

021 Academic Board Minutes all of 2020_2022.pdf

022 Student Admissions and Recruitment Policy.pdf

023a Matrix Standard CIC1 Report 2020.pdf

023b Matrix Standard CIC1 Report 2021.pdf

023c Matrix Standard CIC1 Report 2022.pdf

024 NSS results for 2022.pdf

025a Ambassador Platform Guide March 2022.pdf

025b Student Ambassador Programme March 2022.pdf

026a Digital Learning Technologist job description.pdf

026b English for Academic Purposes EAP Study Skills Tutor job description.pdf

027 Librarian and Learning Services Administrator job description.pdf

028 UofG Validation Document BSc Hons Health and Social Care Leadership and Management.pdf

029 UoG Delivery Approval Report for BSc Health and Social Care Leadership and Management.pdf

030 Approval of new programme BSc Health and Social Science with Foundation Year.pdf

031 ██████ BA Hons Business Management Programme Specifications.pdf

033 BTEC Centre Guide to Quality Assurance.pdf

034 ██████ responsibilities checklist for providers without degree awarding-powers.pdf

035 UofG responsibilities checklist for providers without degree awarding-powers.pdf

036 ██████ BTEC higher nationals centre guide to quality assurance and assessment.pdf

037 Design, Development and Approval of New Programmes.pdf

038 Summary Market Report BSc Hons Health and Social Care Leadership and Management.pdf

039 QAA Higher Education Review of [REDACTED] April 2015.pdf

040 [REDACTED] QAA Educational Oversight Report February 2016.pdf

041 [REDACTED] EE Module Review Managing Innovation BA Hons Business Management Top Up Feb 2021.pdf

042a Programme Management Committee Art Design minutes Oct 2021.pdf

042b Programme Management Committee Business minutes Oct 2021.pdf

042c Programme Management Committee Health and Public Services minutes Oct 21.pdf

042d Programme Management Committee minutes for [REDACTED] BA Hons Business Top Up April 2022.pdf

042e Programme Management Committee Minutes Social Sciences and Health March 2022.pdf

043a [REDACTED] Module review BA Hons Integrated Health & Social Care June 2022.pdf

043b [REDACTED] EE Module Review Managing Innovation BA Hons Business Management Top Up Sept 2020.pdf

043b [REDACTED] EE Module Review Strategic Marketing BA Hons Business Management Top Up Feb 2021.pdf

043c [REDACTED] EE Module Review Strategic Marketing BA Hons Business Management Top Up Sept 2020.pdf

043d [REDACTED] EE review BA Hons Integrated Health & Social Care June 2021.pdf

043e [REDACTED] Partner Annual Monitoring Record and Action Plan for Business 2020_21.pdf

043f UofG Collaborative Provision Course Enhancement Review CER Sept 2021.pdf

043g UofG EE Report BA Vis Comms July 2021.pdf

043h [REDACTED] EE ReportA for Art Design June 2021.pdf

043i [REDACTED] EE ReportA for Art Design June 2022.pdf

043j [REDACTED] EE ReportA for Business Aug 2021.pdf

043k [REDACTED] EE ReportA for Health April 2021.pdf

043l UofG EE Report BA Visual Communications Response from DGHE July 2021.pdf

043m [REDACTED] EE ReportA for Public Services June 2021.pdf

043n [REDACTED] EE ReportA for Public Services June 2022.pdf

043o [REDACTED] EE ReportB Art Design DGHE response Feb 2022.pdf

043p [REDACTED] EE ReportB Art Design DGHE response June 2022.pdf

043q ████████ EE ReportB Business DGHE response Feb 2022.pdf
043r ████████ EE ReportB Health DGHE response Feb 2022.pdf
043s ████████ EE ReportB Public Services DGHE response Feb 2022.pdf
043t ████████ EE ReportB Public Services DGHE response June 2022.pdf
044 Quality Assurance and Enhancement Handbook.pdf
045 ████████ Academic Programme Monitoring Report 2020_21.pdf
046 ████████ Academic Management Review Report March 2022.pdf
047 Learning and Teaching Strategy.pdf
048a ████████ HND Art Design Programme Specification.pdf
048b ████████ HND Business Programme Specification.pdf
048c ████████ HND Public Services Programme Specification.pdf
048d UofG BSc Hons Criminology and Criminal Justice Programme Specifications.pdf
048e UofG BSc Health Social Care Leadership Management Programme Specifications.pdf
048f UofG BA Hons Visual Communication Programme Specifications.pdf
049 Assessment and Internal Verification Policy.pdf
050 Head of Academic Administration job description.pdf
051 Programme Manager Job Description.pdf
052a Mitigating Circumstances Policy.pdf
052a Mitigating Circumstances Policy.pdf
052b Reasonable Adjustments Policy and Procedure.pdf
052b Reasonable Adjustments Policy and Procedure.pdf
053a HND Art and Design IV Assessment Feb 2022.pdf
053b HND Art and Design IV Assignment June 2022.pdf
053c HND Business IV Assessment Report.pdf
053d HND Business IV Assignment Report May 2022.pdf
053e HND Public Services IV Assessment Report May 2022.pdf
053f HND Public Services IV Assignment Report May 2022.pdf
053g HND Public Services IV report May 2022.pdf

054 Head of Student Experience and Wellbeing job description .pdf

055 Academic Integrity and Misconduct Policy.pdf

056 Academic Appeals Policy.pdf

057 Student Complaints Policy.pdf

058 Non-Academic Misconduct Policy and Disciplinary Procedures for students.pdf

059 Equality Diversity and Inclusion Committee terms of reference.pdf

060 Equality Diversity and Inclusivity Working Group Minutes May 2021.pdf

061a Higher Education Management Team HEMT terms of reference.pdf

061b Higher Education Management Team HEMT minutes June 2022.pdf

062a Higher Education Administration Team HEAT terms of reference.pdf

062b Higher Education Administration Team HEAT minutes Feb 2022.pdf

063a Student Staff Liaison Committee terms of reference.pdf

063b Student Representative Guidance.pdf

064 Director of Higher Education job description.pdf

065 Head of Centre Job Description.pdf

066 Head of Academic Delivery and Development job description.pdf

067 Head of School of Business and Management job description.pdf

068 Operations Manager job description.pdf

069a BA BUS Top-up Module Spec BM627 Managing Innovation in Business - Exp 2022
██████.pdf

069b BA Visual Comms. Module Descriptor AD6101 Creative Portfolio UoG.pdf

069c BSc Criminology Top-up Module Descriptor NS6520 UoG .pdf

069d BSc HSC Leadership and Management Module Spec LH4001 UoG.pdf

069e HND Art Design Module Spec.pdf

069f HND Healthcare Module Spec.pdf

069g HND Public Services Module Spec.pdf

069h New BUS RQF Module Spec 2021.pdf

070 External Examiner Action Tracker and Responses (2021-2022).pdf

070 External Examiner Action Tracker and Responses (2021-2022).pdf

071a [REDACTED] Approval Report for Franchised Delivery for David Game BA Business.pdf

071b UoG approval report for DGC DA - BSc healthcare.pdf

072a Excerpt of minutes from [REDACTED] Annual Monitoring Review Panel consideration of DGHE AMR for 2020-21.pdf

072b UoG CER - DGHE 30.09.21 - CB Review.pdf

073 Staff Recruitment Policy and Procedures.pdf

074a Lecturer in Business Running Order Questions and Allocations.pdf

074b Invitation to Interview.pdf

075 New Colleagues Induction Checklist.pdf

076 DGHE staff list.pdf

077 Standardisation Report.pdf

077a PDS21 & PFS21 Year 1 OSC End of Module Questionnaire for Public Services School (1-29).pdf

077b PDM21 & PFM21 Year 1 EDV End of Module Questionnaire for Public Services School (2) (1-10).pdf

077c BDM20 & BFM20 and 2BDJ21 & 2BFJ21 Year 2 BUSRP End of Module Questionnaire for Business School (1-10) (1).pdf

077d BDS20 & BFS20 and BDM20 & BFM20 Year 2 End of Module Questionnaire for Business School (1-11).pdf

078 Assessment Sub-Board Minutes.pdf

078 Peer Observations 2022.pdf

079 Staff Appraisal and Development Policy.pdf

080 Summary of Research Engagement Plan Process.pdf

081 Staff CVs.pdf

082 Additional Role Descriptors and Person Specs.pdf

083 New Employee Documents Request.pdf

084a New Employee Checklist.pdf

084b Job Advert.pdf

084c DGHE reference request.pdf

085 DGHE Full Marketing Plan.pdf

086a RAC Terms of Reference.pdf

086b RAC meeting minutes May 22.pdf
087 Student Admissions and Recruitment Policy v4.1.pdf
088 Admissions Appeal Board v2.2.pdf
089 Active Agents July 2022.pdf
090a Bluestone Education Agent agreement DGHE Jan 2022 (1).pdf
090b ESOL Agreement.pdf
090c Signed-Student Choice Education Agent agreement DGHE Jan 2022.pdf
091 Agent Due Diligence Checklist.pdf
09182218 - BSc (Hons) Criminology and Criminal Justice (Top-up).pdf
092a Agent Training Presentation.pdf
092b Course Information- Agent pptx.pdf
093 Agent Handbook 2022.pdf
094a DGHE Annual Self-Assessment Review 2019-20.pdf
094b DGHE Annual Self-Assessment Review 2020-21.pdf
095 Attendance Policy and Procedures.pdf
096a AASP Academic Administration and Support Panel TORs.pdf
096b AASP Minutes - 20 June 2022.pdf
097 Terms of Reference for ARSP.pdf
098 RAP Terms of Reference.pdf
099a HND Course Handbook - PUBS programme RQF.pdf
099b BA Business Top up Programme Handbook [REDACTED].pdf
099c UoG BA Course Induction Handbook 2122.pdf
100 Online Careers Information at DGHE.pdf
1006281 - BA (Hons) Visual Communication (Top-up).pdf
1007787 - BA (Hons) Business Management (Top-up).pdf
1012780 - HND Level 5 Diploma in Business.pdf
1012876 - HND Level 5 Diploma in Public Services.pdf
1012929 - HND Level 5 Diploma in Public Services.pdf

1012991 - HND Level 5 Diploma in Public Services.pdf
1013035 - HND Level 5 Diploma in Public Services.pdf
1013153 - HND Level 5 Diploma in Public Services.pdf
1013239 - BA (Hons) Integrated Health and Social Care Management (Top-up).pdf
1013407 - HND Level 5 Diploma in Public Services.pdf
1013439 - HND Level 5 Diploma in Public Services.pdf
1014123 - HND Level 5 Diploma in Business.pdf
101a SSLC Minutes Nov 2021 All Programmes.pdf
101b SSLC Meeting - Agenda - Feb. March 2022.pdf
101c SSLC Updates March 2022.pdf
101d Quality Update for SSLC 15.03.2022.pdf
101e Summary of Student Feedback - SSLC Feb. March 2022.pdf
102 Student Retention Success Officer Job description.pdf
103 Online Resources Strategic Discussion.pdf
104a Review of Health and Social Care Resources.pdf
104b DGHE Library Course Map- Health and Social Care Leadership.pdf
104c ██████████ Social Care Reading List.pdf
105a Strategic Assessment of Student Facilities.pdf
105b DGHE Turnway Reporting.pdf
105c Usage Reports Summaries.pdf
105d Public Services Text Audit 08.03.22.pdf
106 Student Feedback on Facilities, Learning Resources, and Student Support Services.pdf
107 You said we did poster.pdf
108a Student Experience Enhancement Committee TORs.pdf
108b SEEC Meeting Minutes July 2022.pdf
109 Chairs action vis email proposing new TORs for Student Staff Liaison Committee.pdf
110 Course Evaluation Summaries.pdf
111 DGHE Student Focus Groups.pdf

112 NSS 2022 Results for DGHE by course and by question.pdf

113 Academic Board Terms of Reference.pdf

114 List of Student Complaints.pdf

115a Student Complaint Case.pdf

115b Appeal Case.pdf

116 Standardisation Report.pdf

117 Assessment Sub-Board Minutes.pdf

118 QSR request to provider for additional evidence 12 08 2022.pdf

1192572 - BA (Hons) Business Management (Top-up).pdf

119a External Examiner School Response BA Business Top Up 2022.pdf

119b External Examiner Response BA Integrated Health and Social Care 2022.pdf

120 Support Staff appraisal KD.pdf

121 Management Staff Appraisal PT.pdf

122 Lecturing Staff Appraisal Peer Observation PZ.pdf

123a ██████████ Operations Manual.pdf

123b UoG External Examining Policy and Procedural Guidance.pdf

123c Observations on Course Evaluation Summaries.pdf

124 DGHE Learning Support (DSA) Agreement.pdf

125 DGHE Learning Support Agreement (SpLDs).pdf

126 DGC Single Equalities Policy 2022-23.pdf

127 Safeguarding Young People and Vulnerable Adults Policy and Procedures.pdf

128 SSLC Updates March 2022.pdf

129 Summary of Student Feedback SSLC October 2021.pdf

130 Summary of student feedback regarding Wellbeing.pdf

131 AWS report to SSLC May 2021.pdf

132 Careers and Employability report to SSLC November 2021.pdf

133 You Said We Did report to SSLC November 2021.pdf

134 Student Services Officer job description.pdf

135 Complaints Tracking.pdf

135b Complaints Tracker.xls

136 Academic Appeals Tracking.pdf

136b Academic Appeals Tracker.xls

137 Mapping of Student Starter Pack signposting.pdf

138 QSR request to provider for additional evidence Sept 2022.pdf

139a Complaints policies and procedures in the Student Starter Pack.pdf

139b Mapping of Student Starter Pack signposting.pdf

140a Agents Performance May22 (004).pdf

140b DGHE May 2022 INTAKE REPORT (Marketing & Admissions).pdf

140c Notes on Agent Performance from May 2022 Intake.pdf

141a ██████████ Partner Annual Monitoring Record and Action Plan for Business Management and Health 2020-21.pdf

141b UOG CER form DGHE 07.10.21 amended response.pdf

142a Complaints Tracker Updated.pdf

142b Student ID 01006723.pdf

142c Academic Appeals Tracker Updated.pdf

143a 2021 Sept DGC UoG meeting 15.09.21 notes CONFIDENTIAL.pdf

143b 2021 May Actions from 27.5.21 UoG DGC meeting.pdf

143c 2021 Dec DGC UoG meeting 07.12.21 notes CONFIDENTIAL Final.pdf

143d 2022 UoG March Action points from UOG DGC meeting 10.03.22.pdf

143e 2022 UoG June Action points from DGC meeting 21.06.22 FINAL.pdf

144 Together All and other online support information.pdf

145 QSR request to provider for additional evidence Sept.14 2022.pdf

146 Follow up question regarding Facilities.pdf

147 Follow up question from M1 - Programme Committee meetings.pdf

148 UCAS Points BA Business Studies.pdf

149a Programme Assessment Board (PAB) Minutes May 2022.pdf

149b Programme Assessment Board (PAB) Minutes Oct 2021.pdf

150a Academic Appeal - Outcome for 01008642.pdf
150b Academic Appeal - Outcome for 01010159.pdf
150c Academic Appeal - Outcome for 01181404.pdf
151 QSR request to provider for additional evidence Sept.15 2022.pdf
152 Observation facilities learning resources support services.docx
152 QSR [REDACTED] responsibilities checklist .docx

Meetings

M1 Senior leadership team
M2 Students
M3 Academic staff
M4 Representative - [REDACTED]
M5 Representative - [REDACTED]
M6 Professional Staff
M7 Programme managers
M8 Student ambassadors, Student representatives
M10 Senior leadership team

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