

Systems Verification - Visit Report

Systems verification is the process we use to ensure that SQA centres comply with the quality assurance criteria and have internal quality assurance systems appropriately documented, effectively implemented and evaluated, and show continuous improvement in their application. Guidance for centres relating to the systems verification visit can be found at www.sqa.org.uk/qualityassurance.

Rescheduled date		Reason	
Centre Name	New College Lanarkshire	Centre Number	1003550
Systems Verifier Name	Barbara Irvine	Systems Verifier Contact Details	barbara.irvine@sqa.org.uk
Double Banker Name (if applicable)	Sarah Reid	Date/Time of Visit	20 Sep 17 - 09:00
Head of Centre Name	Martin McGuire	Head of Centre Email Address	
SQA Co-ordinator Name	Shirley Rossi	Centre Email Address	sqaordinator@nclan.ac.uk

Summary of Visit

	Outcome Statement	Non-Compliant Criteria
Management of a Centre	Significant strengths identified in the systems that support the maintenance of SQA standards within this centre	
Resources	Significant strengths identified in the systems that support the maintenance of SQA standards within this centre	
Candidate Support	Significant strengths identified in the systems that support the maintenance of SQA standards within this centre	
Internal Assessment and Verification	Significant strengths identified in the systems that support the maintenance of SQA standards within this centre	
External Assessment	Significant strengths identified in the systems that support the maintenance of SQA standards within this centre	
Data Management	Significant strengths identified in the systems that support the maintenance of SQA standards within this centre	

Sanctions	
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Records of Discussions

Discussions with Candidates	
if YES, please provide a brief summary of the discussion:	Yes Discussions took place around induction, support and guidance provided to students. Discussions also took place around malpractice, appeals and complaints policies. Candidates spoke highly of all staff in the college confirming they felt staff were approachable and willing to help them with any difficulties or questions they had.
Discussions with Assessors	
if YES, please provide a brief summary of the discussion:	Yes Discussions took place around recruitment and selection procedures, CPD, resources review, appeals process, malpractice and IV procedures.
Discussions with Internal Verifiers	
if YES, please provide a brief summary of the discussion:	Yes Discussions took place around recruitment and selection procedures, CPD, resources review, appeals process, malpractice and IV procedures.

Outcome Summary

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
2.1	2.2	2.3	2.5						
3.1	3.4	3.5	3.6						
4.1	4.5	4.7	4.8						
5.1	5.2	5.3							
6.1	6.2	6.3	6.4						

Management of a Centre

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
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<p>1.1</p>	<p>Policies and procedures must be documented and reviewed to ensure full compliance with SQA quality criteria.</p>	<p>High</p>	<p>Green</p>	<p>All policies and procedures are held in electronic format on the college intranet to which all staff have access. Students can access relevant policies and procedures via the student portal on the web site.</p> <p>All policies and procedures have version control boxes detailing date of origin, last update, proposed review date, EQIA date, endorsed by and responsibility for review.</p> <p>Policy Management Procedure details that policy must be approved by a member of SMT before it is developed. The author must then consult with Joint Consultation and Negotiating Committee and/or their line manager before submission of the proposed policy to SMT 10 days in advance of their meeting. Authors of policies are responsible for future reviews of their policies. Once the policy is approved then the 'endorsed by' box on the front sheet is completed and the job title of appropriate senior manager is inserted. All policies and procedures are uploaded to the intranet following authorisation of the Assistant Principal Organisational Development. A shell template is in place within this procedure to ensure that all policies and procedures are written in a standardised format.</p> <p>Evidence of review of policies and procedures as seen in agendas for SMT meetings where policies and procedures review discussions were scheduled. Further evidence was seen in</p>		<p>High standard of documentation in place and good evidence of reviews taking place. Use of templates ensure a consistent and standardised approach is taken to writing policies and procedures.</p>	
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				<p>minutes of SMT meetings – ie meeting dated Jan 17 showed discussion had taken place on the Conflict of Interest Policy. Copies of emails to staff were seen when draft documentation had been circulated asking for comments and feedback.</p> <p>Update of HR Policies and Procedures Review (Jan 17) resulted in a newsletter being sent to all staff providing them with information on new and updated policies and changes made to them.</p> <p>Job descriptions from a variety of roles within the college detail participation of policy and procedure reviews are part of their role.</p>			
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<p>1.2</p>	<p>Policies and procedures must be endorsed by senior management and disseminated to all relevant staff.</p>	<p>Low</p>	<p>Green</p>	<p>As detailed in the Policy Management Procedure all policies and procedures must be endorsed by the senior management team. This is evidenced in version control boxes on the front sheet of all policies and procedures that details the job title of the SMT Manager who has endorsed that particular policy.</p> <p>All policies and procedures are uploaded to the intranet and copies of emails seen during this visit show staff are updated when policies are made available to them.</p> <p>CPD Schedule of Activity, Aug 17 also provided details of cross campus events that were held where the Quality Team hosted sessions to provide information to staff on updated policies and procedures.</p>			
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<p>1.3</p>	<p>SQA must be notified of any changes that may affect the centre's ability to meet the quality assurance criteria.</p>	<p>High</p>	<p>Green</p>	<p>As documented in roles and responsibilities the SQA Coordinator is responsible for this criterion. All information that the awarding body must be notified of any changes to has been listed.</p> <p>Evidence of this policy in operation was seen in the form of an email to SQA from Shirley Rossi notifying a change of coordinator with effect from 30th June 2017. Yvonne Paton is now the SQA Coordinator.</p> <p>I explained that this report had been pulled into QAMs before this notification had been processed and that Shirley's name would feature on the report as the SQA Coordinator. The report would still be sent to the centralised quality mailbox and Yvonne would be able to pick it up from there. College staff were happy for this and I thank them for their understanding here.</p>			
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<p>1.4</p>	<p>The roles and responsibilities of those involved in the administration, management, assessment and quality assurance of SQA qualifications across all sites must be clearly documented and disseminated.</p>	<p>Medium</p>	<p>Green</p>	<p>Roles and responsibilities for the following were reviewed during this visit:-</p> <p>SQA Coordinator; Assistant Head of Faculty; Assistant Principal Teaching and Learning; Assistant Principal Quality Enhancement; Curriculum and Quality Leader; Head of Faculty; Lecturer; Quality Officer; Vice Principal Curriculum, Work based Assessor and Work based Internal Verifier.</p> <p>Student Charter details what the college expects from students.</p> <p>Detailed documented roles and responsibilities re in place for the SQA Coordinator. This details that the coordinator is responsible for ensuring the documented process for partnership/sub contractor services are followed and that appropriate signed agreements are in place.</p> <p>Partnership Agreement with North Lanarkshire Council re school pupils attending courses at New College Lanarkshire was reviewed during this visit. The agreement covers a number of schools in North Lanarkshire and details course, qualification, base and no of pupils involved per school. A spreadsheet was in place detailing curriculum planning timetable, task, action required, responsibility, planning milestone, notes and comments. Pricing schedule and service level agreement was also included.</p> <p>Contract between New College Lanarkshire and South Lanarkshire Council was in place regarding vocational training services</p>			
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				<p>with the 'What's for Work' Programme. Again this was detailed and contained roles and responsibilities etc within the signed documentation.</p> <p>Samples of completed site selection checklists were reviewed where delivery as part of a partnership was agreed in school. These covered a number of schools and subject areas.</p> <p>Partnership Delivery Procedure includes templates to be used for IV purposes to ensure all quality assurance takes place. These templates record who will enter students, result students, deliver and assess and who will internally verify the programme. This template is signed by both parties.</p>			
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<p>1.5</p>	<p>Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.</p>	<p>High</p>	<p>Green</p>	<p>Assessment Malpractice and Maladministration Policy (July 17) and Assessment Malpractice and Maladministration Procedures (July 17) are in place. These documents have been devised following SQA's enhanced guidance in this area and fully meet with SQA requirements.</p> <p>The policy details roles and responsibilities of all parties involved in the process, defines and gives examples of both student and staff/centre malpractice and also provides a hyperlink to SQA's Malpractice Information for Centres publication.</p> <p>There is evidence of the policy and procedure having been consulted on with staff and EIS prior to sign off.</p> <p>Staff interviewed confirmed the Malpractice was covered during the induction process. Students were informed of the Student Learner Behaviour Policy that feeds into Malpractice. All staff were aware that any suspected incidents of malpractice had to be reported to their Curriculum Leader. Staff also confirmed they knew they could access the full policy on the intranet.</p> <p>Moodle Turnitin Stats 2015/16 and 2016/17 show a marked increase in the number of students using this software package prior to submission of assessment materials. This will help reduce the risk of any malpractice. An email has been sent to staff to ensure that all NQ and HN open book assessments are also put</p>			
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				<p>through turnitin before submission.</p> <p>Student Induction Checklist confirms that this policy is disseminated during the induction process and a copy is also available on the Student Portal.</p> <p>Students interviewed confirmed Malpractice was covered during the induction process. They also talked about Moodle Turnitin software that was available to them. Students agreed they were fully aware of malpractice and the sanctions that could be imposed on them if they were involved in any such activities. They were able to describe different types of malpractice.</p> <p>The college confirmed that a malpractice incident was reported last session involving a student on the NQ Sociology Course. All of the documentation relating to this was made available to me and I was able to confirm that all documented procedures have been followed and that the student has to date accepted the final decision at the end of the enquiry.</p>			
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<p>1.6</p>	<p>No-one with a personal interest in the outcome of an assessment is to be involved in the assessment process. This includes assessors, IVs and invigilators.</p>	<p>Low</p>	<p>Green</p>	<p>Conflict of Interest in Assessment Process Policy (July 2017) is in place and states that it covers all assessors, internal verifiers and invigilators.</p> <p>The policy is available to staff via the intranet and is disseminated during the induction process. The policy details that the CQL is responsible for making decision as to how to address any possible conflict of interest.</p> <p>The policy describes what a conflict of interest is, details roles and responsibilities, CQA13.1.1 Declaration of Interest in Assessment Form is in place to notify and record decisions, possible actions to be taken to address any conflicts, retention of records for one year following completion of assessment and that a copy of the form is sent to the SQA Coordinator.</p> <p>The college intimated that a conflict of interest had been notified in the HNC Accounting course where the lecturer had a family member in class (sister). The CQL instructed that all assessments for that student were to be marked by another named lecturer. All documentation was appropriately completed and signed off. Copies of this paperwork is held by the Quality Team.</p> <p>Staff interviewed confirmed they were aware of this policy and that a form was available to them to complete to notify any possible conflict of interest. Staff were also aware of possible action to be taken should any conflict be raised.</p>			
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<p>1.7</p>	<p>There must be an effective process for communicating with staff, candidates and SQA.</p>	<p>Medium</p>	<p>Green</p>	<p>Job descriptions of the Quality Officer and SQA Coordinator detail their remit in respect of communication with staff, students and SQA.</p> <p>Numerous examples of communication by email, both internal and external covering a variety of topics were made available to me during this visit.</p> <p>Student Association Student Partnership agreement details partnership arrangements in place with regard to learner engagement. This agreement details how students can participate in NCLSA's and college's structures to influence and make changes within college. Agreed annual priorities are listed.</p> <p>The college intranet and student portal are used as a vehicle of communication as are meetings, email, telephone, class representatives to name but a few. Notice boards and newsletters are also used to advertise events, projects etc.</p> <p>Video presentations are also being used for staff briefings and updates – this allows staff who have not been able to attend personally to hear the same message as those who were at the meeting. This has been welcomed by staff.</p> <p>Staff interviewed also commented on a short life working group that was looking into sharing good practice across campuses and that Moodle forums were in place to facilitate sharing of good practice. Staff also reported that they found the new staff</p>		<p>Innovation use of IT systems to disseminate information to students and staff, for example use of video presentation to allow staff unable to attend briefings/meetings to hear the same information as colleagues who attended meeting.</p>	
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				information sessions run across all departments from estates to IT to be very useful and informative.			
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1.8	Feedback from candidates and staff must be sought and used to inform centre improvement plans.	Low	Green	<p>Feedback is seen as an essential part of college life and a huge variety of means are used to obtain this from both staff and students.</p> <p>Course Review and Evaluation procedure details process and standard forms to be used as staff review courses.</p> <p>Agenda Course Team Meetings show standing items relating to self evaluation; student evaluation and course updates/changes. Minutes of Course Team Meetings (Coatbridge and Cumbernauld campuses seen) confirm discussions and action to be taken as per standing agenda described previously.</p> <p>ACE is an online recording systems which holds records of course team meetings showing first stage, second stage and final evaluation stages. The database can be completed/added to as/when staff have time. This allows reports to be drawn up showing trends, retention of students, final destinations and pass rates and all of this information is used to feed into Faculty Operational Plans.</p> <p>Quality Operational Plan for Quality 2017/18 was reviewed during this visit. This lists projects/tasks being undertaken, who is responsible, target date, update, action done and date completed. All staff in college can access any operational plan in the college to obtain updates on projects. The operational plans are also used as a diary system by staff to ensure deadlines are met and progress is tracked.</p>		Faculty Operational Plans are transparent and open where any member of staff can see projects and tasks being undertaken by colleagues, who is responsible and progress being made. This provides an instant overview of work being undertaken and its progress	
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				<p>Listening to the Student Voice confirms student feedback is being sought and 'You said, We did in 2017/17' lists issued raised by students and action taken. Reasons are also provided if any action is unable to be taken in respect of any issue raised so students are updated accordingly.</p> <p>Evidence of student feedback was seen in BSSS Student Survey, CCI Student Survey, Engineering and Automotive Student Survey, Faculty of Service Industries Student Survey and Support for Learning Student Service Survey.</p> <p>Information was available detailing course, campus, issues, requirements/action for all of the above mentioned surveys.</p> <p>Evidence seen confirms that good and bad feedback is received, disseminated and acted upon.</p> <p>Feedback is also received via class representatives and this follows the same process as described above.</p> <p>End of term surveys are also carried out – I reviewed a selection from courses in Engineering, Media and Health and Social Care. These surveys ask students to highlight what they like best about their course and for information on any areas for improvement. All of this feedback is reviewed and feeds into course reviews. The College received an EFQM Committed to Excellence Certificate in May 2017 following their project</p>			
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				validation in this area. Students interviewed confirmed they were always being asked to provide feedback across all areas of the college.			
1.9	The centre must comply with requests for access to records, information, candidates, staff and premises for the purpose of external quality assurance activities.	High	Green	As documented in the role of the SQA Coordinator, she receives all requests for central, systems or visiting verification and liaises with internal staff to commence preparation for these activities. The coordinator makes available any information well in advance of the activity. Standard email templates are in place for arranging all aspects of EQA activities in the college. This visit was well arranged and all of my requests were met. Secure Storage Compliance Reports confirm access is readily made available to SQA staff – these are unannounced visits. Previous QV reports also confirm robust procedures are in place to support EQA activities.			

1.10	Outcomes of external quality assurance must be disseminated to appropriate staff and any action points addressed within agreed timescales.	Medium	Green	<p>Procedures relating to dissemination of EQA reports is documented in the role of the SQA Coordinator and in Verification Procedures (CQA1.2) Jun 17.</p> <p>Verification Procedures explain different types of verification, retention of evidence, process to arrange visit and responsibilities of staff on day of visit, following visit and provides exemplar forms to be used in the IV process. A pre EV checklist is in place so all staff are aware of exactly what must be in place.</p> <p>The coordinator disseminates reports and provides CQL with CQL1.2.11 EV action/recommendation form with required completion date. The CQL is responsible for ensuring the necessary action is completed within these timescales.</p> <p>The coordinator also maintains robust records of all EQA activity. This is in the form of an EXCEL spreadsheet that details all EQA activity in centre, lists outcome, any recommendations or good practice.</p>			
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Resources

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
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<p>2.1</p>	<p>Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.</p>	<p>High</p>	<p>Green</p>	<p>Staff Recruitment Policy is in place and this falls under remit of HR department. Job descriptions are in place for all posts within the college and standardised job adverts are also in place for use when required. All applications for posts within the college are made via 'Work with Us' section of the college web site.</p> <p>Examples of job adverts for Electronic Fire and Security Systems and Health and Social Care assessors were reviewed during this visit.</p> <p>All staff are subject to a probationary period and appraisal and Personal Development reviews are completed. CPD records are held as part of the PDP review paperwork - examples were seen from staff in Dental - Care & Science Faculty. All show CPD is helping staff remain current in their subject area.</p> <p>Any new or existing staff who require to undertake assessor and/or verifier qualifications to deliver regulated qualifications are put through these awards in house. Staff are fully expected to complete these awards over a complete academic year unless there are extenuating circumstances as they are given ample opportunities to gather evidence during this time. This process is carefully monitoring in house.</p> <p>Staff were aware of the recruitment and selection procedures. They also confirmed staff were in post for one year prior to starting on assessor/verifier awards.</p>			
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				Staff also confirmed that CPD is mandatory for certain sectors but that all staff are actively encouraged to participate in CPD activities.			
2.2	Assessors and internal verifiers must be given induction training on SQA qualifications and requirements.	Medium	Green	<p>A detailed Staff Induction Checklist is in place that covers all aspects of working in the college and who is responsible for delivery of each stage of the induction process. Curriculum Quality Leaders are responsible for subject specific information and for the coordination of CPD activity in their area.</p> <p>All staff are provided with a Staff Induction Handbook that provides generic information on the college, its campuses, college structure, roles and responsibilities, CPD and how to access policies and procedures.</p> <p>Power point presentation Session 1 provides staff with generic information on relevant policies and procedures including malpractice, appeals and complaints.</p> <p>Power point presentation Session 5 covered internal verification, retention of evidence, secure storage etc.</p> <p>Staff interviewed confirmed the new induction procedures now in place. New staff are allocated a mentor and a new handbook is being created and uploaded into CLAN.</p>			

<p>2.3</p>	<p>There must be a documented system for initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.</p>	<p>Medium</p>	<p>Green</p>	<p>Approval Procedure (September 2016) introduced a common approach across all of the college campuses to qualification approval applications. The procedure indicates that approval to proceed lies with the Academic Standards Planning and Monitoring Committee (ASPMC).</p> <ul style="list-style-type: none"> - all applications must go through the Quality Section - faculty responsible for checks on delivery and assessment materials - they are subject to scrutiny via the internal audit process - easy to read flowchart is in place to describe the process and time lines for submission to meet ASPMC meeting <p>dates. There are four or five meetings of this group per year and papers must be submitted 7 days in advance of the</p> <p>meeting to allow them to be circulated to members before attending.</p> <ul style="list-style-type: none"> - proformas are in place to ensure a standardized approach is taken by all - Approval database records details of applications and progress of all approval applications. This database was reviewed <p>during my visit. Database logs are kept and all forms had been completed and dated as per the documented process.</p> <p>Ongoing review takes place in a variety of ways but the most documented is via End of Term Surveys</p> <ul style="list-style-type: none"> - information obtained informs reviews of 			
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				<p>accommodation, equipment, reference and learning materials. Procedures are in place where staff can notify any breakdown in equipment to have them either repaired or replaced as required.</p> <p>The ASPMC agenda and action minutes confirm the approval process and their role in confirming everything is in place before the start of any new course or unit.</p> <p>Previous QV reports also confirm the review process via IV procedures operating in the college.</p> <p>Students interviewed spoke of a very high standard of equipment and resources being made available to them. They also spoke about Dale offering them sessions in the library on how to resource learning resources and materials.</p> <p>Staff interviewed confirmed reviews of materials routinely take place as part of the course reviews that take cognisance of feedback from students. Discussions around suitability of assessment materials takes place pre delivery to ensure they are fit for purpose.</p>			
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<p>2.5</p>	<p>All sites where candidates undertake assessments for SQA qualifications must be safe and appropriately resourced, and must provide access for candidates, staff and SQA personnel.</p>	<p>Medium</p>	<p>Green</p>	<p>Use of Assessment Sites Not Owned or Managed by the College's Procedure (July 2017) is in place. This briefly describes what a satellite site is, details roles and responsibilities in relation to this and whether to use a full (not owned by the college) form or a shortened version (for use for work placements). The policy also states annual review re continuing suitability of the site is to be undertaken.</p> <p>A selection of site selection checklists for sites where SVQs are undertaken were reviewed. All were appropriately signed by college staff and site staff.</p> <p>Completed site selection checklists were reviewed where school/college partnerships are in place (see also comments in 1.4).</p> <p>Completed external examinations 'sitting at' forms were also reviewed.</p>			
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Candidate Support

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
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<p>3.1</p>	<p>Candidate induction must include information about the SQA qualification and SQA requirements.</p>	<p>High</p>	<p>Green</p>	<p>All students whether full time, part time, evening classes etc all undergo induction prior to commencement on their particular award. This is evidenced via the Student Induction Checklist that is signed and dated by students and confirms that all awarding body requirements are covered during this process.</p> <p>The documented Student Induction Process details that induction is delivered over a two week period and it details topics that have to be covered on a daily basis over this period along with who/what department is responsible for delivery.</p> <p>All information about courses and policies and procedures are made available to students on the Student Portal of the colleges web site to which all students have access. Some departments may produce booklets about intricate/difficult concepts but generally all support is available via the portal. Prior to this visit I was given access to the Student Portal and found it to be very easy to navigate and that it contained information on everything a student could possibly require.</p> <p>Students interviewed confirmed the induction process. They found the sessions very informative and well structured. Students were aware of the Student Portal and all of the information available to them from there. Class reps were quickly organised and guest speakers took part in induction to tell them about student support and library access. Students spoke in</p>			
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				particular about Dale, who works in the library as being very helpful, supportive and encouraging if they had any issues or queries about the library facilities available and how to access resources on line and in hard copy.			
3.4	Policies and procedures must give SQA candidates equal opportunities for assessment.	Low	Green	<p>NCL Equality and Diversity Policy (draft Feb 2017) is in place and this covers all protected characteristics.</p> <p>Information on equal opportunities is also held on the college web site. This details events being held to get everyone involved in equality. Events this year include Diversity Week, G66 and Live Community Cultural Festival.</p> <p>Equality Impact Assessments are carried out across the college and the forms in use are owned by the Assistant Principal: Quality Enhancement. Stage 1 of the assessment will assess whether stage 2 will be necessary.</p>			

<p>3.5</p>	<p>Individual candidates' requirements for assessment arrangement must be discussed, identified, implemented and recorded.</p>	<p>Medium</p>	<p>Green</p>	<p>Assessment Arrangements information for students is available via the student portal on the web site.</p> <p>Students are asked to complete a Personal Learning Support Plan (PLSP) with an Educational Support Advisor (ESA). Students are responsible for booking their own assessments via the campus support base.</p> <p>Learner Information Pack is also available from Educational Learning Support. This provides information on:-</p> <ul style="list-style-type: none"> - organogram of Faculty of Supported Learning (Photographs of staff are included for information of students) - role of the ESA - assessment arrangements - classroom support - communication support workers. <p>Students interviewed spoke about visiting the Horizon Centre and being helped to complete learning plans. They spoke of guidance staff being very supportive and that all of their lecturers and assessors are very approachable and supportive.</p> <p>Staff interviewed spoke about the procedures in place to support students with additional support needs. They were aware of the process followed if students identified up front they had difficulties. They also knew how they could refer a student for support if they identified issues in</p>			
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				<p>their subject area. Staff were happy to refer the student to support services and take advice on types of support that may be available to the student. Records of any support is recorded in learning plans and staff would review this support as part of the planning process to ensure it worked for the student. Staff were also aware that students with assessments arrangements were highlighted on their electronic register.</p>			
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<p>3.6</p>	<p>Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.</p>	<p>Medium</p>	<p>Green</p>	<p>Complaints Handling Policy and Complaints Handling Procedure are documented.</p> <p>These documents provide information on:-</p> <ul style="list-style-type: none"> - examples of complaints and what a complaint is not - that anyone can make a complaint - process to follow of 'joint service' complaint is received - detailed flowchart clearly explains Frontline Resolution; Investigation and Independent External Review (SPSO) - guidance is provided in making and handling a complaints - timescales for detailing with complaints is documented - investigation process is detailed. <p>Students interviewed knew the difference between a complaint and an appeal. One class rep intimated he had used the complaints process on behalf of a classmate. The class rep felt well informed and well supported by staff during the process which is not yet finally resolved.</p>			
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Internal Assessment and Verification

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
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4.1	Internal assessment and verification procedures must be documented, monitored and reviewed to meet SQA requirements.	Medium	Green	<p>Assessment Procedures, Verification Procedures and Assessment Policy all provide detailed information on the assessment and internal verification processes operating in the centre.</p> <p>Guide to Internal Verification relates specifically to SQA qualifications. Links are provided to electronically held resources and procedures to assist and support staff delivering SQA qualifications. Link is also provided to Master IV list identifying CQLs, IV Coordinators and IV's. Simplified step by step procedures are in place following the three distinct stages of the IV process. Recording documentation is also in place to record each of the tasks listed in the guidance document. This ensures a standardised approach will be taken across all college campuses.</p> <p>Roles and responsibilities of the CQL, IV Coordinator, IV are detailed as are qualifications and experience required for those involved in the IV process in relation to HN, NQ and SVQ.</p> <p>Staff interviewed confirmed the IV Policy was the first to be developed following merger. A short life working group had been formed to develop procedures that could be operated across all campuses. A standard approach and standard paperwork is in place to support the process. Some departments record all IV activity in electronic format whilst some are paper based. Standardisation meetings had been held in August to</p>		Guide to Internal Verification (June 2017) is an excellent document providing staff with all information required that pertains particularly to SQA qualifications	
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				look at Master Folders, tools and equipment for delivery in the first term. Meetings are scheduled for January to complete the same process for next term.			
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4.5	Assessment materials and candidate evidence (including examination question papers, scripts and electronically-stored evidence) must be stored and transported securely.	High	Green	<p>As documented in roles and responsibilities the SQA Coordinator is the main point of contact for access to SQA's secure web site. The Coordinator or Quality Coordinator downloads materials from the secure site and shares them with the relevant CQA via the secure area. They also ensure staff are aware of security for these materials and that if any breach of security occurs they must report it immediately to allow the SQA Coordinator to notify SQA.</p> <p>Security of Assessment Material Policy (June 17) details that:-</p> <ul style="list-style-type: none"> - all staff are responsible for security - that the CQL must be notified if materials are modified before issue of assessment instruments so that they can be prior moderated - that the assessor requests materials from the Quality Officer who uploads to CQL secure downloads folder or IV and Master packs folder in 'S' drive and that an email is sent to the CQL saying materials are now available - assessor requests required number of copies from the Reprographics Department and is responsible for storing them in a secure cabinet - post assessment assessor must ensure materials are returned to the faculty and stored securely - candidate evidence in hard copy must be stored in a secure cabinets and electronically held evidence must be 			
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				protected or locked. A flow chart is also in place to clearly explain these processes.			
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4.7	Candidate evidence must be retained in line with SQA requirements.	High	Green	<p>Retention of Assessment Evidence Procedure (July 2017) is in place. This details:-</p> <ul style="list-style-type: none"> - all staff are responsible for archive of assessment evidence, maintaining accurate archive records and for the physical storage of assessment materials - CQL and Heads of Faculty are responsible for the implementation of the above - evidence is to be archived within 35 days of unit completion - staff must ensure evidence is clearly marked - where evidence is to be subject of IV, the IV will inform the CQL when the evidence is ready for archive - schedule for uplifts of materials is in place for Motherwell campus - all materials are retained until 31st October the year following assessment - for SVQ's and Skills for Work evidence is retained in the faculty for three weeks after the completion date, then archived as above. <p>A proforma is in place for Submission of Records to Archive</p> <p>Appeals materials are held for 5 years and records of Malpractice are held for three years or five years if there is any criminal activity and police involvement.</p>			
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<p>4.8</p>	<p>Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements.</p>	<p>Medium</p>	<p>Green</p>	<p>Appeals Policy (Feb 17) details the process that relates to assessment decisions and learner behavior and this policy applies to all students.</p> <p>This is a three stage process with timescales attached to each stage. Each stage is detailed and informs students who may be present at each stage.</p> <p>Students on HN and NQ courses have no further right of appeal following the completion of stage three.</p> <p>For students on regulated qualifications (SVQs) information is provided on how they may escalate their appeal to SQA Awarding Body and/or SQA Accreditation if they remain dissatisfied once they have exhausted the in house process.</p> <p>Standard proforma are in place to record all appeals activity in the centre and records of appeals will be retained for 5 years following completion of the process.</p> <p>Students interviewed were aware fo the appeals process and confirmed they were told about it as part of the induction process. Students on regulated qualifications were not aware of the escalation process but did know that they could look up the process on Moodle and would be happy to implement the process if they needed to.</p> <p>One member of staff interviewed spoke about having gone through the appeals process with a student that had gone to</p>			
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				<p>the independent review stage. Staff member was happy with the way the process worked and felt that feedback had been provided to both the student and staff of progress.</p> <p>During the visit I reviewed completed appeals cases and found the above process had been followed and feedback provided to the student. All forms were signed and dated recording the process followed.</p>			
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External Assessment

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
5.1	Assessment evidence must be the candidate's own work, generated under SQA's required conditions.	High	N/A	This criterion was not reviewed as part of this visit			
5.2	Assessment materials and candidate evidence, (including examination question papers, scripts and electronically-stored evidence) must be securely stored and transported.	High	Green	Although this criterion was not scheduled to be reviewed as part of this visit evidence in the form of Secure Storage Compliance reports and documented procedures confirm the college meets SQA requirements in this area.			
5.3	The centre must submit, where appropriate, within published timelines, results services requests.	Medium	N/A	This criterion was not reviewed as part of this visit			

Data Management

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
6.1	Candidates' personal data submitted by centres to SQA must accurately reflect the current status of the candidate.	High	Green	<p>MIS SQA Processes details procedure for checking student addresses and SCN numbers.</p> <p>Home addresses are used for the vast majority of students. Centre address is used for bad debtors or people with no fixed address. A check on Navigator made prior to the visit confirmed this process.</p> <p>Applications are made on line however all students complete an Enrolment Form and meet with MIS staff who complete the enrolment process with them on an individual basis. Students all sign a statement contained on the enrolment form confirming they are aware their personal data will be sent to SQA. Enrolment Forms can be retained for up to a period of ten years depending on the funding provider for the student.</p>			

<p>6.2</p>	<p>Data on candidate entries submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.</p>	<p>High</p>	<p>Green</p>	<p>The college now uses UNITE across all campuses to manage data.</p> <p>A framework check is built into the system to check for lapse and finish dates. MIS staff also check that qualifications are valid prior to entries being made. All entries are made by MIS staff following notification of courses and students by faculties.</p> <p>All faculties have a named MIS Supervisor, Senior Admin person and Administrator linked to them. This allows direct communication to address any issues.</p> <p>MIS SQA Processes details procedures to be followed from checking SCN number through registration, entry and resulting processes. It details how to make amendments to personal data and how to make notification of deceased candidates.</p> <p>Staff have different timetables to work with depending on qualification types.</p> <p>Documented procedures state data cleansing will be undertaken in February and July and there is evidence of this process being adhered to.</p> <p>Discussion took place around the College Profile provided by SQA to the College. Alan Forsyth confirmed he had received the last copy of this however over the past year he and his staff have focused on getting working processes in place for data processing. He feels this is a useful tool and that it</p>			
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				should dove tail with the college systems to make data flow smoothly.			
6.3	Data on candidate results submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.	High	Green	<p>MIS SQA Processes are in place.</p> <p>All unit results are input directly into UNITE by faculty staff who can only input P or F. Access to results sheets are issued by MIS staff two weeks before the end of the unit.</p> <p>A weekly email is sent to CQL re students who have not been attending class. If they have left notification is sent to MIS who then withdraw the student from the appropriate unit and/or group award.</p> <p>Faculty Heads now have access to DASHBOARD which allows them to track their faculty progress in resulting units. They can also see high level information on other faculty results input. This facility allows the Head to drill down to individual lecturers and students to ascertain why unit results have not been input. A marked improvement was seen last session in the rate the unit results were cleared up and withdrawals notified to MIS.</p>		DASHBoard is a very useful tool which has enabled Faculty Heads to track unit results. This allows managers to drill down to individual lecturers and/or students. This has resulted in a marked improvement in the time taken to undertake unit clear ups than in previous years.	
6.4	There must be an effective and documented system for the accurate recording, storage and retention of assessment records, internal verification records and candidate records of achievement in line with SQA requirements.	Medium	Green	<p>Retention of Evidence Procedure (July 17) is in place.</p> <p>See comments in 4.7 for further information</p>			

Summary of Feedback to Centre	<p>Excellent systems are in place and there is evidence of review taking place on an ongoing basis to ensure they remain fit for purpose.</p> <p>Sarah Reid feedback first on discussions held with students and staff. This had been a very positive experience meeting with new students, returners and mature students that provided a good mix. All students and staff participated well in the interviews and all displayed a very positive attitude. Students all confirmed the high level of support available to them from staff and that all staff are approachable at all times and are ready and willing to assist.</p> <p>I feedback on interviews I had with various staff and we then reviewed the good practice noted within the body of this report. I confirmed that this had been an excellent visit with no required actions.</p> <p>I would personally like to thank Shirley for all her help in arranging the visit which I found invaluable. I would also like to thank Anne and all of the Quality Team for their preparation in advance of the visit and for their time, hospitality and participation during the visit.</p> <p>Finally I would like to thank all staff and students who participated so well in the interview process. It was really encouraging how well staff knew their job roles, responsibilities, policies and procedures.</p>
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Name of Centre Representative present during feedback	
Name	Designation
Ann Baxter	Assistant Principal: Quality Enhancement
Ian McCallum	Quality Manager
Anne Brown	Quality Officer
Claire McLaren	Quality Officer
Lorna McMullen	Quality Development Officer
Yvonne Paton	SQA Coordinator/Quality Officer
Shirley Rossi	Quality Officer

Evidence Seen	<p>Update of HR Policies and Procedures Review (Jan 17)</p> <p>Copies of emails to staff re policy updates</p> <p>SMT Minutes of Meetings - Jan 17</p> <p>Job descriptions: - Assistant Head of Faculty; Assistant Principal Learning and Teaching; Assistant Principal Quality Enhancement; Curriculum and Quality Leader; Head of Faculty; Lecturer; Quality Officer; Vice Principal Curriculum; Work based Assessor/Verifier; SQA Coordinator</p> <p>Agendas for SMT Meetings - 21/7/17; 10/7/17 and 1`2/1/16</p> <p>Policy Management Procedure</p> <p>Verification Procedures (June 17)</p> <p>Report of QA Activity (July 17)</p> <p>Draft CPD Schedule (August 2017)</p> <p>Correspondence with SQA</p>
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Assessment Procedures (June 2017)

Educational learning Support Policy (Jan 16)

Educational Support Learning Procedures (Jan 2016)

Partnership Agreements - North Lanarkshire Council; South Lanarkshire Council

- Curriculum Planning timetables (Schedule 2)
- Price structure (Schedule 3)
- Service Level Agreement (NL Council - June 17)

Completed site selection checklists - school/college partnerships

Curriculum Structure

Assessment Policy (June 2017)

Use of Assessment Sites Not Owned or Managed by the College Procedure (July2017)

Approval Procedure (Sept 16)

Examination Procedure (June 2017)

Partnership Delivery Procedure

External Examination arrangements - Sitting At's

Organisation Structure

Student Charter

Standardised emails for use when arranging EQA activities

MIS SQA procedures

Conflict of Interest in the Assessment Process Policy (July 17)

Conflict of Interest in the Assessment Process Procedure (July 2017)

Examples of internal and external emails (covering a variety of topics)

Student Association Student Partnership Agreement

Minutes of Course Team Meeting (Coatbridge and Cumbernauld Campuses)

Agenda Course Team meetings

Listening to the Student Voice

You said, we did in 2016/17

BSSS Student Survey; CCI Student Survey; Engineering and Automotive Student Survey; Faculty of Service Industries Student Survey; Support Learning Student Service Survey; End or Term Survey

Minutes of Class Rep Meetings

List of Class Representatives

EFQM Committed to Excellence Certificate (May 2017)

Learner Survey NCL EFQM Project Validation 9May 2017)

Course Review and Evaluation Procedure (July 17)

Secure Storage Compliance Reports

Approvals Database

Academic Standards Planning and Monitoring Committee Agenda and action minutes

Previous QV reports

Draft Staff Induction Handbook

Draft Staff Induction checklist

Powerpoint Presentations - Session 1 Quality (Aug 17) and Session 5 Quality (Aug 17)

Work based Assessor Verifier Job specifications

Work based Assessor advert

Example of Personal Development review - assessor

Student Information - held on College web site

Appeals Policy (Feb 2017)

Appeals procedure (Feb 2017)

Complaints Handling Policy (Aug 16)

Complaints Handling Procedure (Aug 16)

Learner Info Pack - Educational Learning Support

Assessment Policy

A Guide to Internal verification

Security of Internal Assessment materials (June 2017)

Guide to Internal Verification (June 2017)

Retention of Assessment Evidence Procedure (July 2017)

Assessment Malpractice and Maladministration Procedure (July 2017)

Assessment Malpractice and Maladministration Policy (July 2017)

Docs re malpractice investigation (June 2017)

Moodle Turnitin stats 2016/2017

E mail to staff re use of turnitin

Email to confirm EIS consultation re new Malpractice Policy

Student Induction Checklist

Student Induction Process

	<p>NCL Equality and Diversity Policy draft (Feb 17)</p> <p>Equality Impact Assessment Forms</p> <p>Approvals Database - viewed on line during visit</p> <p>Conflict of Interest declaration - HNC Accounting & Finance completed paperwork</p> <p>ACE (electronic)</p> <p>Quality Operational Plan for Quality 2017/18</p> <p>DASHBOARD - MIS tool for managers to track input of unit results for their subject area - viewed live on line during visit</p> <p>Enrolment Form 2017-18</p>
Staff Interviewed	<p>Anne Baxter, Assistant Principal: Quality Enhancement</p> <p>Ian McCallum, Quality Manager</p> <p>Yvonne Paton, SQA Coordinator/Quality Officer</p> <p>Shirley Rossi, Quality Officer</p> <p>Allan Forsyth, Head of Information Systems and Development</p> <p>Anne McMahon, Information Systems Admin Manager</p> <p>Michelle Allison, MIS Supervisor</p> <p>Lynn Carr and Bobby Wallace, Health and Social Care</p> <p>Kate Wilson and Laura Macmillan, Dental</p> <p>Derek Steven and Michael Balzo, Science</p> <p>Wendy Paterson and Peter Gellatly, Admin and IT</p> <p>Margaret Millar and Helen Love, Media</p> <p>Darren Pacamasivan and Martyn Henderson, Sound Production</p>
General Information	<p>This is the first full systems verification visit to the College since merger and the introduction of SQA's Quality Criteria 2015 - 18.</p> <p>The College merged in 2013 and has six campuses located at Cumbernauld, Coatbridge, Motherwell, Kirkintilloch, Hamilton and Broadwood.</p>

Required actions and recommendations from previous visit:(if applicable will be reviewed during this visit			
Previous Agreed Action	Update/Review/Date Closed	Previous Recommendation	Update/Review/Date Closed
See previous development report		See previous development report	