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Curriculum Quality, Student Experience Committee (CQSEC)

BORDERS COLLEGE REGIONAL BOARD

Subject: Quality & Development: Update Outcome on whole systems audit report from Scottish Qualifications Authority (SQA)	**Purpose:** **For Approval** ☐ **For Discussion** ☒ **For Information** ☒
Prepared by: Anne-Marie Sturrock (AMS) on behalf of Lynne Gilchrist	**Date of Committee:** **19th October 2023**

Purpose: To provide board members with an update on Quality & Development matters since previous CQSEC meeting.

Executive Summary:
The attached paper is for discussion and information in terms of a recent audit undertaken by SQA over a period of 6 months.
The purpose of the report was to provide confidence to SQA in relation to our systems, implementation of policies. Our quality team conducted a self-assessment on our systems prior to the SQA visit. A great report

Key items:
Outcome of the audit and positive areas highlighted

Questions that Members should ask themselves when reading the paper:
While the attached paper does not require questions from our members it should provide confidence in our college quality, people service, managements information services and our policies & procedures in relation to all quality matters.

Linked to Strategic Ambition(s):
Proactively engage with our community and stakeholders to ensure our practice reflects their needs

Create high quality learning and training opportunities which are relevant, enabling and flexible

Performance Measures:
Influential & collaborative Partner

Recogise nationally as a progressive organisation

Linked to Strategic Risk Register:
3a - Information Management

4b - Governance

Recommendation:
This was a prolonged audit involving all teams within the college. Note of appreciation to all involved would be welcomed

Previous Committee Approvals:
N/A as there is no requirement for approval from board members

For publication ☒	**Not for publication** ☒ **If not, why not?**

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	**Borders College**	Centre Number	**5660459**
Systems Verifier Name	**Deborah Gibb**	Systems Verifier Contact Details	**deborah.gibb@sqa.org.uk**
Double Banker Name (if applicable)		Date/Time of Visit	**26 Sep 23 - 10:00**
Head of Centre Name	**Pete Smith**	Head of Centre Email Address	**Wendy Bell**
SQA Co-ordinator Name	**Wendy Bell**	Centre Email Address	**WBell@borderscollege.ac.uk**

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

Sanctions	

Records of Discussions	
Discussions with Candidates	No
if YES, please provide a brief summary of the discussion:	
Discussions with Assessors	No
if YES, please provide a brief summary of the discussion:	
Discussions with Internal Verifiers	Yes
if YES, please provide a brief summary of the discussion:	Lesley Johnson joined our meeting via Microsoft Teams and gave an in depth demonstration of the staff development material available on Canvas and shared some completed records of internal verification and teaching observations.

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
1.1	Policies and procedures must be documented and reviewed to ensure full compliance with SQA quality criteria.	High	Green	College Policies and Procedures are available on the college website which is well designed and intuitive to use. Printed copies of policies and procedures are not used. When policies and procedures are introduced or reviewed they are uploaded to canvas and only current versions are available. All staff and students have access to 'Canvas' which includes hyperlinks to policies and procedures and forms in several places. The Policy Review Schedule is a master record of all policies and procedures and this tracks progress of all documentation through the review process, including the person or department responsible. In addition to this, there is a document history at the front of every document. As a result of demonstrations throughout my visit, I can confirm that staff are confident in locating policies, procedures and templates.			
1.2	Policies and procedures must be endorsed by senior management and disseminated to all relevant staff.	Low	Green	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.			
1.3	SQA must be notified of any changes that may affect the centre's ability to meet the quality assurance criteria.	High	Green	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.			

1.4	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.	Medium	**Green**	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.			
1.5	Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.	High	**Green**	Your malpractice policy and procedure is fully in line with all our requirements. You have introduced a robust training and CPD programme for staff, including a quiz, to improve understanding of what constitutes malpractice and how suspected malpractice is investigated. I reviewed the report from the SQA Malpractice Panel (September 2021) and can confirm through our discussions today, that the actions you identified to prevent such errors with data entry in future have been fully implemented. These actions include staff training and new procedures for checking course structures and entries prior to submitting to SQA.			

1.6	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.	Low	**Green**	Your Professional Conduct Policy meets all our requirements for declaring and mitigating a conflict of interest in the assessment process. Line managers keep written records of the action taken, the record is signed by the line manager and sent to the People Services Department for storage. The record is held by the People Services Department on the personnel file of the staff member and is destroyed once the student has left the College (or completed the course, in the case of a colleague conflict of interest)			
1.7	There must be an effective process for communicating with staff, candidates and SQA.	Medium	**Green**	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.		Throughout my visit today I was presented with examples of effective communication between staff and students. You use all the ICT available to you to share information and good practice and encourage an ethos of collaboration and continuous striving for improvement.	

1.8	Feedback from candidates and staff must be sought and used to inform centre improvement plans.	Low	**Green**	You have a very comprehensive range of methods of gathering feedback which you use to continually improve staff morale, college performance and student experience. During my visit and in the preparation beforehand, you provided me with evidence in the form of student experience committee meeting minutes, survey reports, analysis and agreed recommendations for improvements. Minutes from the meetings of various staff forums and committees include agenda items related to feedback and actions for improvement. Lesley Johnson (Quality Development Specialist) described her responsibility and the recording requirements for learning and teaching observations on a rotational basis, applicable to all teaching staff.		You have demonstrated excellent use of methods of obtaining and acting on feedback. Furthermore, you present your findings of analysis and trends in user friendly formats.	
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**	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.			
1.10	Outcomes of external quality assurance must be disseminated to appropriate staff and any action points addressed within agreed timescales.	Medium	**Green**	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.			

Resources

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations

2.1	Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.	High	**Green**	Probation and Staff Performance and Development Review (SPDR) records demonstrate that staff requiring the assessor/verifier qualification are put forward for these by their CLM. Monthly reports monitor individual's progress on achievement of their assessor or Verifier awards, these are provided to People Services from DEBI, (Department of Enterprise and Business Innovation) who deliver these qualifications. New staff are required to undertake essential compliance modules – Malpractice, Safeguarding & Complaints Handling. Established staff undertake your Malpractice online module annually. I had in depth discussions with Lesley Johnson (Quality Development Specialist) about the training and CPD modules she has made available on Canvas for all staff. We discussed the benefits of CPD being available at any time staff need it, so that access this when they are best placed to learn and engage, not when they are overworked and tired. I also had discussions with Debbie Kerr (Director of People Services) and Louise Kerr (Peoples Service Business Partner) who demonstrated the personnel files and showed me a sample of CPD and probationary records. Qualifications and Competency tables are in place on every file detailing the qualifications the staff member is competent to assess and or verify.			

				A staff development calendar has been developed for 2023/24 with the theme being around quality development. This staff development has been a direct action from your lesson observation process.			
2.2	Assessors and internal verifiers must be given induction training on SQA qualifications and requirements.	Medium	**Green**	During my meeting with Debbie Kerr and Louise Kerr, I was shown a sample of recently completed induction records for teaching staff. The content of the induction included confirming reading and understanding key policies and procedures and agreeing an individual development plan. A new Learning & Teaching course has been developed in Canvas to support new staff. The course includes explanation of assessors and verifiers responsibilities, links to policies, curriculum meeting agenda templates and copies of blank forms.			

2.3	There must be a documented system for initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.	Medium	**Green**	The Quality and Approval Committee internally approves all assessed units and awards, to ensure that they meet with your internal and external requirements. Where a curriculum area wishes to deliver a new award, offer a replacement award, or make a minor adjustment to an award, your Approval's Procedure sets out team members responsibilities and this is supported by the Curriculum Planning and Programme Review processes and other supplementary guidance and forms. The procedure requires the Assistant Principal to make a costed proposal with the associated documentation to demonstrate the demand, viability, and sustainability of the award to an Approvals Committee, which can require an Approvals Panel to examine the proposal in more detail, and which makes recommendations to SLT. Ongoing reviews of learning and teaching environments, equipment and instruments of assessment are documented as part of your robust internal verification procedures. All your qualification verification reports confirm sufficient and fit for purpose resources across the college campuses.			

2.5	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.	Medium	**Green**	Senior management develop agreements with third parties for use of their premises as assessment centres, use of their resources for delivery and in some cases their staff for assessment. Processes are in place to support off site assessors to comply fully with SQA requirements for external and controlled assessment, as set out for each qualification and access is provided for candidates and staff. The College uses SQA's template for site selection checklists where assessments are conducted off college premises. These are reviewed annually or sooner if anything at the site changes. You have a detailed work placement procedure and dedicated work placement officers who liaise with employers, lecturers and students to find the most appropriate work placements. The work placement officer will visit the student during work placement. For areas where students are being assessed in the work place, the work placement officer is also a subject specialist. You have a suitable Minute of Understanding (Third Party Agreement) which details the roles and responsibilities of each party in the partnership agreement where assessment takes place outwith college premises.			

Candidate Support

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
3.1	Candidate induction must include information about the SQA qualification and SQA requirements.	High	Green	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.		You offer supported enrolment sessions and "quiet inductions" to college. These sessions are aimed at students with specific learning needs, students who are not confident about attending college, students with mental health issues etc. This has been recognised as good practice by Education Scotland. You also offer a comprehensive induction to “late start” students, ensuring that a late starter receives the same induction to college as all other students.	
3.4	Policies and procedures must give SQA candidates equal opportunities for assessment.	Low	Green	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.			

3.5	Individual candidates' requirements for assessment arrangement must be discussed, identified, implemented and recorded.	Medium	**Green**	The Assessment Arrangements Policy is explained to students at induction. This policy relates to reasonable adjustments made to both internal and external assessments to compensate for a disability and/or an additional support need that does not compromise the integrity of the original assessment. It is compliant with the requirements of the Equality Act 2010. During my visit, I spoke with Pat Hughson and Joanne Elliott (MIS Administrators) who described and demonstrated your process for identifying, agreeing, recording and reviewing assessment arrangements. Decisions about assessment arrangements are verified and signed off by the Learning Support Specialist in conjunction with the Director of Student Services. You use ProMonitor software to pull together all student data so that it is in one place and staff are able to access records. Records about additional support needs and assessment arrangements agreed are confidential and therefore are identified in ProMonitor with a 'flag' so that only those staff with a need-to-know have access to any detail. One of the quality reports that Pitra produces is a summary of the assessment arrangements agreed, the types of disability or support requirement and the rate of student retention / withdrawal. Students are asked to rate how well the support offered works for			

				them.			

3.6	Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.	Medium	**Green**	Your Complaints Handling Procedure reflects the College's commitment to valuing and learning from all feedback, including complaints. All new College staff must demonstrate their understanding of this procedure as part of their induction, by completing an essential "Complaints Handling" training module. All staff also undertake refresher training every two years. The Complaints Policy sets out your commitment to respond to complaints promptly, vigorously and fairly. Your complaints procedure has two stages. you have evidence that the majority of complaints are resolved at stage 1. If the complainant remains dissatisfied after stage 1, they can request that we look at it again, at stage 2. If the complaint is complex enough to require an investigation, you will put the complaint into stage 2 straight away and skip stage 1. You refer to SPSO guidance to assess whether there is evidence of service failure or maladministration not identified by the college. Complaints & Compliments is a standard agenda items at the Senior Leadership Team & Curriculum, Quality & Student Experience Committee. Three times per year the Assistant Principal, Curriculum & Quality reports to these teams & committees on complaints and lessons learned.			

				Lorraine Sulo (PA to the Principal) demonstrated the complaints log. This includes full tracking of the dates of the complaint from receipt to resolution or escalation and the outcome. Pitra analyses information from the log including common themes, lessons learned, student withdrawal rates and produces an annual report for the college board of governors. Pitra made available to me a copy of an audit by external accountants and business analysts which confirms you have a robust complaints handling process, that it is consistently applied and that you make use of the information produced.			

Internal Assessment and Verification

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
4.1	Internal assessment and verification procedures must be documented, monitored and reviewed to meet SQA requirements.	Medium	Green	You have a very comprehensive internal verification process which is communicated effectively throughout the college. Regular refreshers and training is offered to ensure consistent application of the documented process across all curriculum areas. During my visit, Lesley Johnson provided me with a sample of completed internal verification reports and feedback to assessors. These records demonstrated the implementation of the 'cycle' of pre, during and post assessment and the completion of any actions required by assessors.			
4.5	Assessment materials and candidate evidence (including examination question papers, scripts and electronically-stored evidence) must be stored and transported securely.	High	Green	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.			
4.7	Candidate evidence must be retained in line with SQA requirements.	High	Green	Since completing your self assessment and receiving my initial feedback, you have amended the evidence retention periods in your malpractice and appeals policies. You have also added the SQA evidence retention tables to the Canvas Learning & Teaching course in the IV tile. The pages are called SQA Evidence Retention Requirements and all lecturers and managers are aware of where to find this.			

4.8	Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements.	Medium	**Green**	Since completing your self assessment you have updated the record retention periods in the 'Student Guide to Assessment and Making Appeals' You have a clearly written and effectively communicated assessment appeals process which is easily accessible to students.			

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 category was not included in this model of systems verification.			
5.2	Assessment materials and candidate evidence, (including examination question papers, scripts and electronically-stored evidence) must be securely stored and transported.	High	**N/A**	This category was not included in this model of systems verification.			
5.3	The centre must submit, where appropriate, within published timelines, results services requests.	Medium	**N/A**	This category was not included in this model of systems verification.			

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	I agree with your self assessment outcome for this criterion and confirm you have presented sufficient relevant evidence to support this.			

6.2	Data on candidate entries submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.	High	**Green**	Joanne George (Director of MIS and e-learning) spent considerable time discussing with me the improvements already made and the continuing progress to your data management systems. Only the Quality Co-ordinator is permitted to add Group Awards and Units to the MIS software to ensure the system only holds Group Awards and Units that have been both externally and internally approved. Therefore, anything contained within the course structures or in smart assessor that has not been through approvals, cannot be set up on the MIS software for making entries to SQA. This prevents incorrect codes being inadvertently entered. Entries to course frameworks are made on enrolment, and entry submissions to SQA are made monthly. The college is piloting part of the new A-C framework with SQA via the new MIS software, which includes a live link to the colleges approved product catalogue, adding a further safeguard to ensure only approved Group Awards and Units are submitted for entry. I am confident that your systems are capable of identifying data errors and that staff are sufficiently competent to implement solutions.			

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**	Results are updated by teaching staff/assessors throughout the year and are picked up in the monthly SQA returns. The A-C link to the college's product catalogue contains the finish date of the award and quality checks are undertaken to ensure completion dates do not exceed the award end date. All staff have access to outstanding results reports, which is also used by managers for monitoring purposes. MIS is designed to be 'self service' so that all staff have access to and responsibility for, qualification status data in their own area. A change request process is available via the staff MIS web portal to make changes to completion dates or withdrawals. These change requests are submitted to the MIS team for processing, and picked up in the monthly SQA return thereafter.			
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**	Since completing your self assessment and receiving my initial feedback, you have amended the candidate record retention periods in your malpractice and appeals policies. You have also added the SQA record retention tables to the Canvas Learning & Teaching course in the IV tile. The pages are called SQA Retention Requirements and all lecturers, managers and administrative staff are aware of where to find this.			

Summary of Feedback to Centre	This systems verification is part of a pilot model which placed the responsibility for conducting a self-assessment of policies, procedures and practices against SQA's Systems Verification Quality Criteria with you, as an SQA centre. I then selected a sample of the evidence you had considered during this process, and we based our professional discussions around the progress of newly developed procedures and updates to existing systems, as referenced in your development and action plans. I thanked Pitra for co-ordinating the preparation for this systems verification. The self assessment has been thoroughly undertaken and relevant examples of evidence of compliance with our requirements have been selected. I acknowledge that Lynne Gilchrist has also been heavily involved in the self assessment and preparation of evidence, but she was unfortunately not able to be present for my visit. I thanked Pitra for inviting staff from various college departments to join the discussions at appropriate junctures, this was much appreciated. The staff and the discussions are referred to in relevant parts of my report. I confirmed the overall outcome of high confidence and congratulated Pitra, Anne Marie and Joanne for this. My overall impression is one of confidence in the college staff. There is an obvious ethos of sharing and learning and striving for improvements. I identified some examples of particular good practice - these are described in detail in relevant parts of the report.

Name of Centre Representative present during feedback	
Name	**Designation**
Anne Marie Sturrock	Vice Principal, Student Experience
Joanne George	Director of MIS & e-learning
Pitra McNeill	Quality Improvement Manager

Evidence Seen	All college policies and procedures contained in 'Canvas'; reports on complaint handling, student experience, student retention; internal verification activity (including feedback to assessors and records of the IV activity); minutes of meetings; demonstrations of college quality systems.
Staff Interviewed	In addition to Pitra McNeill, who was with me for the entire visit, I also spoke to Debbie Kerr (Director of People Services), Louise Kerr (Peoples Services Business Partner), Lorraine Sulo (PA to the Principal), Pat Hughson and Joanne Elliott (MIS Administrators), Lesley Johnson (Quality Development Specialist) Joanne George (MIS Director & e-learning) was present at the beginning of the meeting and at the lunch and feedback session, and Vice Principal - Student Experience, Anne Marie Sturrock also joined us for lunch and feedback.
General Information	Borders College operates over 4 campuses - the main campus in Galashiels, and the others in Hawick, Newtown St Boswells and Tweedbank. You offer a wide range of qualifications to the Scottish Borders community which are available as full-time, part-time, apprenticeships, community and evening courses, distance learning and business training solutions. The college is well resourced and has a reputation for delivering industry relevant training programs in addition to traditional academic qualifications.

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
N/A		N/A	